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## Holiday Exchange Program 2014

Please complete the following if you are interested in participating in the Holiday Exchange Program,  
which **may** provide you with gifts and extra food depending on donations.

When you register for this program, you are consenting to our sharing this form with a donor.

**If you don't wish to share this personal information, do not complete this form.**

Please return the completed form to EASS no later than November 7, 2014.

Any questions, please call 733-0345

Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Total # of Children in the Family \_\_\_\_

Total # of Adults in the Family \_\_\_\_

TOTAL # in the Family \_\_\_\_

Last Name \_\_\_\_\_ First Name & Initial \_\_\_\_\_

Street Address \_\_\_\_\_

Apartment or lot #

City/Town \_\_\_\_\_

(Zip)

Phone # \_\_\_\_\_

**Name & Phone # of a friend or relative not in your household, in case you can't be reached**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list members of your household who are **12 years of age or younger**.

**Please Print Clearly**

First & Last Name	Age	Male or Female	Practical Gift Requests	Pant Size	Shirt Size	Shoe Size	Coat Size

**Return To:**

**Ephrata Area Social Services  
227 N. State Street  
Ephrata, PA 17522  
717-733-0345**

Office Use Only	Donor
Thanksgiving Food	
Christmas Food	
Christmas Gifts	
Christmas Gifts	
Other	