

Wayside Christian Mission
Miracle on Broadway Christmas Store Application

Due to COVID and for your safety, please read this form carefully as the Christmas Store will be operating as a drive-thru event only this year. You will not be permitted in the building to pick up or select your toys.

- The Christmas store will be giving out age appropriate **TOYS ONLY** selected by volunteers.
- A post card will be sent in the mail with the date and time to pick up your toys.
- You will not be able to pick up your toys **before** your scheduled day/time. If necessary, you may pick up your toys after your scheduled day/time **during store operating hours only.**

PLEASE PRINT LEGIBLY AND COMPLETE ALL SPACES! If you don't print legibly, we won't be able to send you a post card to pick up your toys.

Name: _____

Address: _____

City/Zip: _____

Phone: _____

For Office Use Only

Date Returned: _____

APRVD: _____ **N/APRVD:** _____

SS#: _____

PHONE # WHERE WE CAN LEAVE A MESSAGE FOR YOU: _____

NAME OF PERSON PICKING UP TOYS: _____

Only children between 0 and 17 who live in your household are eligible to receive toys.

CHILDREN IN HOUSEHOLD	MALE/FEMALE	AGES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on back if more children.

1. ARE YOU:
 - a. A former Wayside Shelter Resident? YES NO
 - b. A resident of another shelter? YES NO If yes, where? _____
2. Source of income? _____
3. Approximate income this year: _____

PLEASE CHECK APPOINTMENT PREFERENCE: WEEKDAY: _____ SATURDAY: _____

RETURN THIS APPLICATION AS SOON AS POSSIBLE – DEADLINE NOVEMBER 30th