

Please complete this form and return to scyouthcoalition@gmail.com. Please use initials only on this form and include the first and last name and physical address in the accompanying encrypted email. Please be aware this form will go directly to the sponsoring family.

Holiday Personal Family Sponsorship Referral 2021

Assigned to family: _____ (office use)

Referring Party (RP) Name:	RP Phone:
Parents Initials Only:	Parent's Phone:
Parent #2 Initials Only:	Parent #2 Phone:
City where family resides:	Total number of people in the family:

Does the family need food? YES/NO
If yes, does the family have a place to cook? YES/NO
Any food allergies?
Does the family prefer the gifts to be wrapped? YES/NO

CHILD ONE		
Child's Initials Only:	Age:	Gender:
Shoe Size:		
Clothing Size (Be very specific):		
Special Interests or Wants (if any):		

CHILD TWO

Child's Initials Only:

Age:

Gender:

Shoe Size:

Clothing Size (Be very specific):

Special Interests or Wants (if any):

CHILD THREE

Child's Initials Only:

Age:

Gender:

Shoe Size:

Clothing Size (Be very specific):

Special Interests or Wants (if any):

CHILD FOUR

Child's Initials Only:

Age:

Gender:

Shoe Size:

Clothing Size (Be very specific):

Special Interests or Wants (if any):

CHILD FIVE

Child's Initials Only:

Age:

Gender:

Shoe Size:

Clothing Size (Be very specific):

Special Interests or Wants (if any):