

September 2015



CiK is a group of committed volunteers who want all families to have the Christmas they want. Individuals, families, businesses, organizations and church congregations across King and beyond join in this happy project of providing Christmas to those who register, by donating time, gifts, foods, trees, turkeys and funds to make it happen. All agree that Christmas is greatly enhanced by sharing with others. The King Township Food Bank is a major partner in this project.

You do not have to be registered with the King Township Food Bank to receive Christmas in King, but distribution is at the Food Bank Centres, unless you need other arrangements. Your application should have the contact information of the person who has referred you to CiK: school principal, priest, minister or doctor as a reference. If none of these is available, please call the number below and we will make some confidential arrangements. Those registered with the Food Bank Centre do not need a reference.

Registration with Christmas in King requires that you do **NOT** register with another agency.

Please complete this registration form and mail it in the stamped addressed envelope provided.

### Instructions

- Complete the attached form (2 pages). You will see we can offer one gift per adult and 2 for each child (16 and under) who normally live with you.
- Place the completed form in the stamped addressed envelope provided and place in mail no later than **October 15th**. If you did not receive a self-addressed envelope—please mail your form to the address on the registration form. DO NOT mail forms to the King Township Food Bank
- Complete the bottom portion, and **save this page** to bring on Distribution Day
- On December 12<sup>th</sup>, **bring this page** to your pick up location, where you will be given your gifts and/or food items

**Please keep this page as a reminder of dates—Just mail next 2 pages. DO NOT MAIL THIS PAGE—it is for your reference**

Name to appear on box of gifts/food: _____ (If you are registered with the Food Bank, it should be the same name that you are known by at the Distribution Centre: to save confusion)	
King Township Food Bank number: _____ (if applicable)	
Location for pick up: _____	<b>December 12, 2015</b>
Kettleby, King City, Nobleton	<b>Time: 9-11am</b>

**Please help us by returning the forms on or before October 15<sup>th</sup>**

Thank you  
*Stephanie Greaves*  
Registrar, CiK Committee

Need help? Call 905-806-1125  
Carol Ann will be happy to answer your questions or help you complete the forms.

Mail on or before:  
Thur. Oct. 15, 2015

## CHRISTMAS in KING 2015 REGISTRATION FORM



CiK promises that all families registered with us will have their requests filled this Christmas, provided that registration occurs by **October 15<sup>th</sup>**.

Gifts, food hampers and turkey or certificates will be ready for pickup **Saturday, December 12th, 9-11 am** at the Food Bank location named below, unless alternate arrangements are made.

### Please Print

Name to appear on box of gifts/food: \_\_\_\_\_ (If registered with KTFB, give name you are known by there, if you're not sure of the name, consult with your Distributor for the name she has on record)

King Township Food Bank number: \_\_\_\_\_ (if applicable)

Registrants Phone Number: \_\_\_\_\_

(This number is required in case there are questions regarding gifts and/or to arrange tree or wreath pick up/delivery. In order to protect your privacy, only the Registrar (Stephanie Greaves) or your Food Bank Representative will call if there are questions. You will be the only contact in your household.)

Total number in household: \_\_\_\_\_ Please note that all participants must **normally** reside at the same address.

**We do not have the resources to offer gifts to relatives outside your immediate household**

Where will you pick up: (Food Bank location, or town you reside in)

- Kettleby (includes Schomberg)       King City       Nobleton

**You do not need to be registered with the Food Bank.** Please tell us if you are:  Yes  No

If "No", please give us the name of the person and organization that has referred you to Christmas in King. (ie: school principal, church)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Yes No**

Do you wish a turkey? If yes, do you wish a frozen turkey Dec. 12 \_\_\_\_ ( with the CiK pickup of gifts)

**OR** a certificate for a fresh turkey for personal pickup at Round the Bend Farm Dec. 23/24 \_\_\_\_\_

Do you wish gifts? If yes, complete next page

Would you like a box of festive foods and treats? If yes:

Please list any food restrictions \_\_\_\_\_

Number of pets \_\_\_\_\_ Type, number and size (eg 1 cat, 2 small dogs) \_\_\_\_\_

Please indicate below your choice of the following fresh green items. Quantities are limited; we go by first registration forms received. Please get your forms in as early as possible.

- Christmas Tree (about 5' high)       Wreath (about 20" in diameter)

We will call to advise if you are NOT going to receive your choice of greens. Pick up will be December 5<sup>th</sup> at 10:00 a.m. at the centre where you will be receiving your CiK items. This is one week before the CiK Distribution.

**RETURN FORM BY OCTOBER 15<sup>th</sup> for guaranteed registration, or as soon as possible:**

(Stamped envelopes are attached to packages given out at Food Bank Distribution Centres)

If you do not have a self-addressed envelope, please mail your forms to the below address

Mail form to:

**Stephanie Greaves  
Christmas in King  
1555 King Road  
King City ON L7B 1L4**

**All information is confidential.**

Shoppers DO NOT receive your name. CiK assigns a number to each family. Above information is only for CiK administrators.

**CiK OFFERS 1 GIFT PER ADULT AND 2 FOR EACH CHILD**

**IF GIFT CARDS ARE PREFERRED, PLEASE NAME STORE**

Office Use Only

**Our shoppers love to shop for gifts, but it is your decision if you prefer gift cards.  
Christmas in King cannot supply new electronics and software, owing to warranty issues.**

**Gifts are to be listed for all who normally reside in your household (see first page)**

For an adult requesting clothing, it will make choosing a gift much easier  
if an age bracket is given (This is optional, but helpful to shoppers)

**Age Brackets: A: 17-30 B: 31-45 C: 46-60 D: over 60**

Please state the relationship of all others in the household to you, and show yourself as Person 1.

**YOU (PERSON 1)** Adult: Male / Female Age Bracket: A / B / C / D

Item desired, with size and colour if appropriate: \_\_\_\_\_

**PERSON 2:** Adult Age Bracket: A / B / C / D Child (Age\_\_\_) Male / Female Relationship to YOU: \_\_\_\_\_

First item desired, with size and colour if appropriate: \_\_\_\_\_

For child, please name a second item, with size and colour if appropriate: \_\_\_\_\_

**PERSON 3:** Adult Age Bracket: A / B / C / D Child (Age\_\_\_) Male / Female Relationship to YOU: \_\_\_\_\_

First item desired, with size and colour if appropriate: \_\_\_\_\_

For child, please name a second item, with size and colour if appropriate: \_\_\_\_\_

**PERSON 4:** Adult Age Bracket: A / B / C / D Child (Age\_\_\_) Male / Female Relationship to YOU: \_\_\_\_\_

First item desired, with size and colour if appropriate: \_\_\_\_\_

For child, please name a second item, with size and colour if appropriate: \_\_\_\_\_

**PERSON 5:** Adult Age Bracket: A / B / C / D Child (Age\_\_\_) Male / Female Relationship to YOU: \_\_\_\_\_

First item desired, with size and colour if appropriate: \_\_\_\_\_

For child, please name a second item, with size and colour if appropriate: \_\_\_\_\_

Please add additional people on back of this page.

Total number in household