

2022 HOLIDAY TOY PROGRAM Registration Form

PLEASE PRINT CLEARLY

| Last Name | | First Name | First Name | | | | |
|--------------------|---------------------|--------------|------------------|---------------|--|--|--|
| Suite # | House # | Street | | | | | |
| City | Postal Code | Phone num | ıber | Main Language | | | |
| · | | | | | | | |
| Type of housing: | | | | | | | |
| | ☐ Rent | ☐ BC Housing | ☐ Own | | | | |
| Proof of Address (| current within 1 mo | nth): | | | | | |
| ☐ Assistance | ☐ Cable Bill | ☐ Hydro Bill | ☐ Telephone Bill | Bill | | | |
| | | | | | | | |

LIST ALL HOUSEHOLD MEMBERS BELOW:

| NAME(S) | | | ID Number | Birthdate | CHILD'S AGE |
|------------------------|----------|-----|------------------------------------|---------------|----------------|
| Applicant's name first | | M/F | (CareCard, BCID, DL Permanent Res, | (Spell Month) | |
| | | | Passport, Birth Cert, Immigration) | | |
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First Name Last Name



| Primary Income Source | | | | | | | | | | |
|-----------------------|--------------|--------|-----------|--------------|--------------|--|--|--|--|--|
| ☐ Assistance | ☐ Disability | ☐ E.I. | ☐ Pension | ☐ Work (P/T) | ☐ Work (F/T) | | | | | |
| ☐ Other (specify) | | | | | | | | | | |

TOYS PROGRAM REGISTRATION AND DISTRIBUTION

Please complete this registration form and bring it together with the following needed information:

- A Current I.D.
- A proof of address preferably a utility bill from current or last month
- CareCard of ALL household members

<u>DATE & TIME</u>: December 8th , 9th , 10th , 15th , 16th & 17th 10:00am – 2:00pm

<u>ADDRESS</u>: 3086 Spring St., Port Moody, rear of the building (near the Port Moody Skytrain station)

We will be unable to process any registrations that are missing information.

You will receive toys on the same day as your registration is completed.

For more information, please contact the SHARE Food Bank, 2615 Clarke St., Port Moody (rear of the building) with phone number 604-540-9161.