

CHRISTMAS WITH A COP



CHRISTMAS ASSISTANCE PROGRAM APPLICATION/REGISTRATION FORM

Shopping date is scheduled for:

Saturday, December 5, 2015 - 8:00 a.m. until Noon
Yukon Police Department - Administration Division (405) 354-1551

Child's Name: _____ (circle) Male or Female

Parent/Guardian Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's School: _____

Child's Age: _____ Child's Grade: _____ Child's Teacher: _____

Has any child in the household participated in our program before? (circle) YES or NO

If Yes, please give the child's name and age: _____

of immediate family members in household: _____

Estimated Average Household Income: _____

Please list any special needs of the child: _____

Comments: _____



POLICE DEPARTMENT

Please Mail or Drop This Form To:

Yukon Police Department
Attn: Susie Wright
100 S. Ranchwood Blvd.
Yukon, Oklahoma 73099

Deadline for Consideration is Monday, November 16, 2015

I authorize the Yukon Police Department to use photos, and or other likenesses of my child or the child for whom I have legal guardianship for any promotional materials regarding "Christmas with a Cop". The Yukon Police Department reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

Participant's Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

(If participant is less than 18 years)