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SECRETARY-TREASURER'S ADDRESS – P.O. BOX 22, OPELIKA, ALABAMA 36803-0022

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## Toys For Tots

Registration information is as follows:

November 2<sup>nd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup>, 2020 between 4:30 p.m. & 7:00 p.m.

At the F.O.P. Lodge at 1307 Saugahatchee Lake Road, Opelika. These are the only times that applications will be accepted.

The applicants will need to bring the following documents at the time of registration:

- 1) Children's birth certificates
- 2) Proof of residency
- 3) State issued picture I.D. or passport
- 4) Court issued guardianship papers if the applicant is not the children's parent

The child/children must be between the ages of 2 and 9. If the child/children are currently on another Christmas program, if they have been on our program for 3 of the past 5 years, or are not residents of Lee county they will not be eligible for our program.

Due to COVID-19 restrictions the following guidelines will be enforced. All individuals will need to wear a mask. Social distancing will be mandatory. This will limit the number of individuals allowed inside the building prohibiting children and any others not signing up for the program from coming into the lodge.

We understand that some parents do not have childcare and have attempted to assist them by making the application available on line. The parent or guardian can print the application and bring the completed application along with all proper paperwork to the lodge shortening the time needed to complete the entire process. We encourage anyone who has access to the online application to use this option.

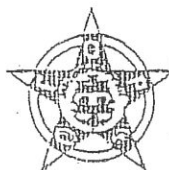




SECRETARY-TREASURERS ADDRESS - P.O. BOX 22, OPELIKA, ALABAMA 36801

FOP LODGE 21  
 TOYS FOR TOTS REGISTRATION  
 FORM  
 (PLEASE PRINT)

DATE:			
PARENT/GUARDIAN NAME:			
HOME ADDRESS:		CITY:	
MAILING ADDRESS:		CITY:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:	
ALTERNATE CONTACT PERSON:		PHONE:	
YOUR PLACE OF EMPLOYMENT & ADDRESS:			
HAVE YOU EVER BEEN ON A CHRISTMAS PROGRAM?			
IF YES, HOW OFTEN AND WHO WITH?			
ARE YOU CURRENTLY ON A LIST FOR ANY OTHER PROGRAM?			
THE PROGRAM WILL BE FOR CHILDREN BETWEEN THE AGES OF 2 TO 9 YEARS			
CHILDS NAME:	RACE:	SEX:	DOB
CHILDS NAME:	RACE:	SEX:	DOB
CHILDS NAME:	RACE:	SEX:	DOB
CHILDS NAME:	RACE:	SEX:	DOB
CHILDS NAME:	RACE:	SEX:	DOB
CHILDS NAME:	RACE:	SEX:	DOB
<p>** If you are currently on another program or have been on this program for three of the past five years you will not be eligible for assistance from the Toys for Tots Program this year. We will mail notification letters to the mailing address that you provide on this application. Without valid contact information we will not be able to contact you. Please make sure that the information you provide is current. Your cooperation in this matter is appreciated.</p>			



Signature: \_\_\_\_\_