

Family # \_\_\_\_\_



# LEDYARD YOUTH & SOCIAL SERVICES 2018 THANKSGIVING BASKET REGISTRATION FORM

**THANKSGIVING BASKET REGISTRATION DEADLINE:**

**TUESDAY, NOVEMBER 6<sup>TH</sup>, 2018**

**YOU MUST RETURN YOUR COMPLETED REGISTRATION FORM BY THE DEADLINE TO QUALIFY.  
RETURN THIS FORM TO LEDYARD TOWN HALL, MAYOR'S OFFICE BY NOV. 6, 2018**

**Head of Household Name:** \_\_\_\_\_

(Please print clearly)

Last Name

First Name

**Address:** \_\_\_\_\_ Ledyard / Gales Ferry (Circle One)

Street Number

Street Name

**Phone Number:** \_\_\_\_\_

Home

Cell

Work

**FAMILY SIZE:** \_\_\_\_\_ (in household)

# of Adults

# of Children

**\*\*THANKSGIVING BASKET PICK-UP DATE / TIME / LOCATION IS:**

**MONDAY, NOVEMBER 19<sup>TH</sup>, 2018 FROM 1:00PM UNTIL 4:00PM**

**LEDYARD CONGREGATIONAL CHURCH**

**722 COLONEL LEDYARD HIGHWAY**

**\*Please mark this date on your calendars! You will NOT receive a reminder from Social Services.\***

*Please call the Mayor's Office at 464-3222 if you have any questions.*

**RELEASE OF CONFIDENTIALITY:**

*I/We understand and agree that the Thanksgiving Program is possible through community members time and donations. I/We, hereby release the Town of Ledyard, its' agents and volunteers from all liability regarding my participation in the Thanksgiving Program.*

\_\_\_\_\_  
Head of Household/Applicant's Signature

\_\_\_\_\_  
Date