

Toy Depot Application

the **empty** stocking club



Please mail application by **FRIDAY, NOVEMBER 9, 2007** to:

The Empty Stocking Club
PO Box 8058
Madison, WI 53708

Sorry, but Dane County Department of Human Services cannot accept applications.

TOY VOUCHERS will be mailed out on or before **December 3, 2007**

TOY DEPOT will be held **December 11 & 12, 2007**

PRINT information **CLEARLY** and fill in all spaces. **INCOMPLETE** forms will not be processed.

Primary Parent or Guardian First Name:	Last Name:	Middle Initial:	Date of Birth:
Other Parent or Guardian First Name:	Last Name:	Middle Initial:	Date of Birth:
Mailing Address:		City:	Zip:

Please list children **age 14 and under** (children born **BEFORE 1993** are ineligible)

Child's First Name	Last Name:	Date of Birth	Male or Female

I hereby give my permission for Dane County Department of Human Services to release information concerning any Wisconsin Works, MA or food stamp eligibility to the Empty Stocking Club.

Signed: _____ **Date:** _____

Office Use: DHSS