**Municipality of Trent Lakes - Christmas Hamper Application**

To be returned by **DECEMBER 13th, 2024** to the Municipal Office

In person or mail to: Municipality of Trent Lakes, 760 County Road 36, Trent Lakes, Ontario, K0M 1A0  
By fax: 705-738-3801 or email: [info@trentlakes.ca](mailto:info@trentlakes.ca)

**Our Family is in Need of a Christmas Hamper this Year.**

**I/WE WILL NOT BE RECEIVING A HAMPER FROM ANY OTHER ORGANIZATION.**

We are **FULL TIME RESIDENTS** of the Municipality of Trent Lakes

*Please print clearly*

Names of Adults in the Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civic Address (911 Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must have a contact number)

# of Adults \_\_\_\_\_\_\_\_\_\_ # of Children \_\_\_\_\_\_\_\_\_ (extended family & friends NOT to be included)

**\*Allergies to Peanut Butter/Nuts?** Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Children (Under age 18)** | **Gender** | **Age** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** |  |

IF ANOTHER PERSON IS PICKING UP YOUR HAMPER PROVIDE NAME & PHONE #

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*I hereby agree that all of the above information is true*



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Please keep this portion for your information

**If you have any questions, please call: 705-738-3800 OR 1-800-374-4009**

Christmas Hampers **MUST** be picked up at the

**BUCKHORN** **COMMUNITY CENTRE** on **DECEMBER 21,  
Between 12:00 NOON AND 1:00 P.M.**

*Hampers NOT picked up on time will be donated to a local food bank.*