

**Stay Fit Through The Arts, Inc  
Family In Need Christmas Contribution Toys Giveaway  
Application**

Child's Name and Age: \_\_\_\_\_

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Parent's/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian Phone # and Email: \_\_\_\_\_

Christmas Gifts Requested (Per Child)

\_\_\_\_\_  
\_\_\_\_\_

Reason For Requested Assistance:(please specify work status and family status)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residing County: (DeKalb, Henry, Gwinnett, or Clayton)

\_\_\_\_\_