

Application for Teen Gifts from Families First. Ages 16-18



Parent First Name: _____ Parent Last Name: _____

Phone Number: _____ Alternate Phone: _____

Address: _____

Teen's Name	Age	Male/Female	Special Needs

Total Number of Teens: _____

Did you fill out a teen recognition application? ☐ Yes ☐ No

The above information is true and correct. I understand that if any of the above information is false, I may be declined assistance. I also understand that assistance for the above mentioned minors is not provided or affiliated with Toys for Tots and assistance is fully provided by Families First Inc.

Signature of Applicant and Date