



2017 MARINE CORPS RESERVE



Application Form

Date: _____

Name: _____ SS#: _____
Please Print

Address: _____ Phone: _____

City: _____ Zip: _____ # in Family: _____

Agency: _____

	<small>Please Print</small>	<small>Last 5 digits</small>			
	First NAME Last NAME	SS#	AGE	BOY	GIRL
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			
		XXX-X -			

TOTAL # BOYS _____ TOTAL # GIRLS _____

I, _____ do hereby authorize _____ to disclose to any community group or agency information pertaining to myself and/or any of the above named regarding holiday assistance.

Date _____

Requirements

1. Applicants picture ID and Social Security card.
2. A recent postmarked piece of mail for address verification.
3. Social Security cards for each child.