



CHRISTMAS HAMPER
SMITHERS COMMUNITY SERVICES ASSOCIATION

Christmas Hamper Application 2024

Full name of applicant*: _____

Contact Info* (Phone # or email): _____

Would you like to be contacted by the hamper coordinator/a sponsor for a hamper more personalised to your needs?

___ YES

___ NO

Full names of Everyone who lives full time at this address:

Name: _____ Age: _____

Gift ideas: _____

Name: _____ Age: _____

Gift ideas: _____

Name: _____ Age: _____

Gift Ideas: _____

Name: _____ Age: _____

Gift Ideas: _____

Name: _____ Age: _____

Gift Ideas: _____

Deliver _____ **Pick it up at the Depot** (3940B 4th Avenue, Smithers) _____

Your Street Address *required for deliveries only* You **must be at home** when your hamper is delivered.

_____ Town _____

Additional Information/Special Directions:



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HAMPER TYPE:select one type of hamper, and the preferred contents.

1. ___ Grocery gift card only

2. Non-perishable

___ Box of mandarin oranges

___ Bread

___ Grocery store gift card

___ Toy/gift for individuals under 18

___ Book for individuals under 18

___ Nonperishable food items

3. Partly Fresh

___ Beets

___ Carrots

___ Garlic

___ Potatoes

___ Cabbage

___ Squash

___ Onions

___ Micro-greens

___ Bread

___ Box of mandarin oranges

___ Grocery store gift card

___ Toy/gift for individuals under 18

___ Book to individuals under 18

___ Nonperishable food items

Baby food for an infant?

Yes ___ No ___

Dog Food? Yes ___ No ___

Cat Food? Yes ___ No ___

Low-sodium? Yes ___ No ___

Diabetic? Yes ___ No ___ How many Diabetics in the home? _____

Food Allergies/ Dietary restrictions? Yes ___ No ___ list:

Would you like to be contacted about your allergens/restrictions? If not, the entire box will be free from obvious allergens. Yes ___ No ___

Signature: _____ Date: _____

Submitted by: (if other than recipient): _____

Any Questions? Contact hampers@scsa.ca, call 250-877-9405 or visit the SCSCA office

