

FOR OFFICIAL USE ONLY

CARD #: _____

FIRE DIST: _____

ARCTIC LEAGUE REGISTRATION FORM
Chemung County Residents Only

PLEASE RETURN BY DECEMBER 15 FOR BEST CHANCE TO RECEIVE HOLIDAY PACKAGES THIS YEAR.

Family/Guardian Last Name

Phone Number

Phone Number to call Christmas Morning, if different

Mother's/Guardian's First Name

Mother's/Guardian's Last Name

Mother's/Guardian's Social Security Number

Father's/Guardian's First Name

Father's/Guardian's Last Name

Father's/Guardian's Social Security Number

Full Address Where Children Live

Apartment No.

City

Zip Code

CHILDREN AGES 1-12 ONLY

Boy's First Name	Boy's Last Name	Birthdate	Social Security #
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Girl's First Name	Girl's Last Name	Birthdate	Social Security #
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

PLEASE EXPLAIN WHY YOUR CHILDREN SHOULD RECEIVE AN ARCTIC LEAGUE PACKAGE: _____

Please complete reverse side

FAMILY INFORMATION

SCHOOLS CHILDREN ATTEND: _____

REFERRED BY (AGENCY): _____

FAMILY INCOME: _____ RENT/MORTGAGE: _____ OTHER INCOME: _____

IS FAMILY RECEIVING AID? _____ SOURCE: _____ AMOUNT: _____

****Please be assured that any information will be held in strict confidence****

CERTIFICATION

I, the undersigned, certify that to the best of my knowledge, the children listed on the reverse side actually reside at or will be at the address given on Christmas morning, that the information given is as accurate as possible and that I will report any changes to the Arctic League immediately. I also hereby acknowledge that any false information entered on this form constitutes fraud and that I may be subject to prosecution.

Date: _____ X _____
Signature of parent/guardian

Official use only

If this application is being forwarded to the Investigations Committee for review please place a checkmark in the box.

Law Enforcement referral

MAIL THIS FORM TO:

**THE ARCTIC LEAGUE
P.O. BOX 113
ELMIRA, NEW YORK 14902**

BRING THIS FORM TO OUR OFFICE AT:

**249 WEST CLINTON STREET
ELMIRA, NEW YORK 14901**

Questions? Call the Arctic League at 733-4576