

**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**