

**FRIDAY
NIGHT**



ADOPT-A-FAMILY PROJECT

Family Nomination

DUE – FRIDAY, NOV. 20, 2015

Please return form to Friday Night Live Staff

Courier #39D / FAX: 530-668-1974 / E-mail to: angela.angel@yolocounty.org

If you have questions, please call us at 530-666-8711 or Angela Angel Cell 530-681-5778

Submitted by: _____
Email: _____
Work #: _____ Cell # _____

Will you be available December 14 – 18, 2015 to pick up the gifts for the family you nominated? Yes No

If yes, which date is best? _____
which time is best? _____

If not, which days in December will you be available to coordinate with Prevention staff for delivery? _____

Date received: _____
By Who: _____

_____ ACCEPTED
_____ DECLINED

ADOPT A FAMILY - Family Nomination

What city does this family live in: _____

PRIORITY: 1st 2nd 3rd:

If you are nominating more than one family, please indicate which family you would give first priority (in case we can't adopt all the families!)

Number of Family Members: _____

Family Member # 1	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

Family Member # 1	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

ADOPT A FAMILY - Family Nomination

Family Member # 1	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

Family Member # 2	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

ADOPT A FAMILY - Family Nomination

Family Member # 3	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

Family Member # 4	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
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Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

ADOPT A FAMILY - Family Nomination

Family Member # 5	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	

Family Member # 6	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Top 3 Wishes
Age	1.
Shoe Size & Style	2.
Pant Size & Style	3.
Shirt Size & Style	Youth Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X Adult Size: <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X
Additional Comments – Please list family member’s “LIKES” and greatest need!	
<hr/> <hr/>	
Favorite Color: _____ Favorite Toy: _____	
Favorite Sports Team: _____	
Favorite Type of Music: _____	
Favorite Things To Do: _____	