

Date:





## Toy request forms accepted between November 13th and December 13th

Total Number of children

butc.	Total Number of Children.
Contact Name:	Have you ever participated in LVFD Spark of Love?
	☐ YES ☐ NO
Phone Number:	Alternate Number or Email Address:
Home Address:	Girls:
	Ages 0-1 2-3 4-6 7-9 10-12 13-16 <b>Total</b>
Referred by (if applicable):	Boys:
	Ages 0-1 2-3 4-6 7-9 10-12 13-16 <b>Total</b>
Los Angeles County Health District and CDC guideli on <b>Tuesday, December 19</b> <sup>th</sup> from 10 a.m. to 12 p.m.	ove Toy Drive requests. LVFD will continue to follow alines. LVFD will distribute toys via drive thru pick-up Our volunteers will make every attempt to fulfill each has been approved, personnel will contact you a week ails.
Print Name	 Signature

By completing and signing this application, you acknowledge the following:

- Applicants **must live in the City of La Verne**, and will be asked to provide a driver's license or utility bill with their name and La Verne address.
- Toy pick-up will be on December 19th from 10 a.m. to 12 p.m. If you cannot attend, you must make arrangements for someone else to pick up your items and let us know their name.

Please submit your completed form to: sparkoflove@lavernefire.org