

SHOP WITH A HERO

INFORMATION

1. Please complete the application and the photo release form and return to the Juab County Sheriff's Office BEFORE December 13, 2021. Please make sure to indicate a name and number of the person who will be dropping off the child and who we need to contact to come and pick up the child on the date of the event. Please also indicate whether text or voice is preferred.
2. Please have your child at Red Cliffs Elementary School, in the rear, by 7:30 a.m. on December 18, 2021. Please do not accompany your child inside the school. You only need to drop your child off. The Lions Club is cooking and preparing a breakfast for the children. This breakfast and Shop with a Hero event is for the children and Heroes only.
3. We have arranged for a school bus to transport the children from the school to Walmart and then we will return them. We will contact you and let you know when we are leaving Walmart, so you can be waiting at Red Cliffs to pick up your child. In the event you want to pick them up from Walmart, please let us know on the application. We request that you wait in your car outside, Walmart if this is the case.



Date brought in:

Application Deadline: Dec 13th

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***** APPLICATION MUST BE FILLED OUT ENTIRELY IN ORDER TO BE CONSIDERED *****

Children between the ages of 5 and 12 – Limit 2 children per family

CHILD'S NAME: _____ DOB: _____ AGE: _____ Boy or Girl

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PARENT'S/GUARDIAN: _____

❖ Phone #: _____ (During this time please answer "UNAVAILABLE" calls)

❖ Cell #: _____

❖ CONTACT FOR PICKUP ON 12/18/21 (indicate call or text) _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

FATHER'S EMPLOYER: _____ WORK #: _____

MOTHER'S EMPLOYER: _____ WORK #: _____

TOTAL Family Income: \$ _____ per month Child Support/Alimony: \$ _____

(Include any government assistance i.e.; state or federal) Food Stamps: \$ _____ per month

TOTAL # of ADULT IN HOME: _____ TOTAL # OF CHILDREN IN HOME: _____

Has your family participated before? _____ If yes, what years? _____

Any special considerations? _____

Transportation: School Bus Parent/Guardian

~ ALL INCOME MUST BE VERIFIED – ATTACH COPIES OF PAY STUBS/FINANCIAL ASSISTANCE ~



PHOTO RELEASE FORM

I hereby grant permission to **Juab County Shop with a Hero**, to use photographs and/or video of my child taken on *12/18/21* at the **Juab County Shop with a Hero event** in publications, news releases, online, and in other communications related to the mission of **Juab County Shop with a Hero**.

(Signature of Adult, or Guardian of Children under age 18)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address _____

Child Name _____

Child Name _____