



## 2021 Santa's Castle Shopping Application

Santa's Castle is for Soldiers suffering financial hardship who cannot provide toys for their child(ren) during the Holidays.

**APPLICANT: This section to be filled out by the Soldier applying for use of Santa's Castle.**

**Please print: Incomplete or illegible applications will NOT be processed.**

**APPLICATION DUE: November 1, 2021**

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Rank: \_\_\_\_\_

Brigade: \_\_\_\_\_ Battalion: \_\_\_\_\_ Company/Troop \_\_\_\_\_

Unit Phone: \_\_\_\_\_

Do you live on Post? \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (IF approved, the shopping pass will be emailed to this address)

Spouse's Name: \_\_\_\_\_ Dual Military? \_\_\_\_\_ Rank \_\_\_\_\_

Spouse's Employer/Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Children: Legal dependents 15 years & younger **living in your household**. Your dependents must be enrolled in DEERS under the applicant's SSN. **A copy of the Soldier's DEERS statement must be attached to this application (screen-shot is sufficient)**. Please include additional special considerations such as developmental age or special needs, as well as your child's interest. If additional space is required, use the back.

<u>Child's Name</u>	<u>M/F</u>	<u>Age</u>
1. _____	M/F	4. _____ M/F
2. _____	M/F	5. _____ M/F
3. _____	M/F	6. _____ M/F

**Reason: Please provide a detailed summary of why you have a need for our services. If more space is needed please provide a separate sheet of paper. Remember, we are here to help.**

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Have you shopped at Santa's Castle before? \_\_\_\_ Where? \_\_\_\_\_ Year? \_\_\_\_\_

Is the soldier currently or recently deployed? (please circle) Y/ N

Shopping Time that I prefer: (please circle) Daytime Evening

**I believe that I meet the guidelines provided by Santa's Castle.** I will shop at the designated appointment time. I understand that my spouse may shop on my behalf with the appointment slip and a Dependent Military ID card. I understand that if my application is approved, the shopping pass, which will include the shopping time and date, will be sent to the email address provided. I understand that Santa's Castle can only be used for 2 consecutive years and after only with an exception of policy. **Applications should be dropped in the mail slot at Santa's Castle.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR USE BY SANTA'S CASTLE:

APPROVED: \_\_\_\_\_ DECLINED Why: \_\_\_\_\_

Date/Time for Appointment: \_\_\_\_\_ SC Rep. Initials: \_\_\_\_\_



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APPROVED: \_\_\_\_\_ DECLINED Why: \_\_\_\_\_

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