

# **ARCTIC LEAGUE** **REGISTRATION FORM**

OUR MISSION: To ensure that no child in Chemung County, ages 1-12, goes without gifts on Christmas morning.

***FOR OFFICIAL USE ONLY***

CARD #: \_\_\_\_\_

FIRE DIST: \_\_\_\_\_

\_\_\_\_\_  
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 # (Last 4 digits)

\_\_\_\_\_  
Father's/Guardian's First Name

\_\_\_\_\_  
Father's/Guardian's Last Name

\_\_\_\_\_  
Father's/Guardian's Social Security # (Last 4 digits)

\_\_\_\_\_  
Full Address Where Children  
Will Be On Christmas Morning  
\*CHEMUNG COUNTY ONLY

\_\_\_\_\_  
Apartment No.

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

***CHILDREN AGES 1-12 ONLY***

Boy's First Name	Boy's Last Name	Birthdate	Social Security # (Last 4 digits)
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Girl's First Name	Girl's Last Name	Birthdate	Social Security # (Last 4 digits)
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

Schools Children Attend: \_\_\_\_\_

**\*\* Please be assured that all information, including social security numbers, will be held in strict confidence.\*\***

***Please complete reverse side***

**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 accept responsibility for the appropriate use of the gifts received. 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

Please **COMPLETE & RETURN** this form as soon as possible to assure that gifts can be packed by December 22<sup>nd</sup>.

**MAIL THIS FORM TO:**

**THE ARCTIC LAGUE  
P.O. BOX 113  
ELMIRA, NEW YORK 14902**

**(Do NOT mail after December 15th,  
bring to the office)**

**BRING THIS FORM TO OUR OFFICE AT:**

**249 WEST CLINTON STREET  
ELMIRA, NEW YORK 14901**

**(If office is closed, place form in mail slot  
in the office door)**

**Questions? Call the Arctic League at 733-4576,  
Contact us at [info@arcticleague.com](mailto:info@arcticleague.com) or [www.facebook.com/arcticleague](http://www.facebook.com/arcticleague)**