



Town of Big Water Angel Tree Sign-Up Form



Helping make Christmas brighter for community members of all ages



Applicant / Head of Household Information

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Total Number in Household: _____

- Adults (18+): _____
- Children (0-17): _____

Recipient / Participant Information

Please complete one section for **each household member** who should be included on the Angel Tree.

(Use additional sheets if needed.)

Participant #1

Name: _____

Gender: ☐ Male ☐ Female Age: _____ Relationship to Applicant: _____

Clothing/Shoe Sizes (optional): _____

Wish List (up to 5 items):

1. _____
2. _____
3. _____
4. _____
5. _____

Confidentiality Notice: All information provided will be kept **strictly confidential** and used solely for the administration of the **Town of Big Water Angel Tree Program**.



Town of Big Water Angel Tree Sign-Up Form



Participant #2

Name: _____

Gender: ☐ Male ☐ Female Age: _____ Relationship to Applicant: _____

Clothing/Shoe Sizes (optional): _____

Wish List (up to 5 items):

1. _____
2. _____
3. _____
4. _____
5. _____

Participant #3

Name: _____

Gender: ☐ Male ☐ Female Age: _____ Relationship to Applicant: _____

Clothing/Shoe Sizes (optional): _____

Wish List (up to 5 items):

1. _____
2. _____
3. _____
4. _____
5. _____

(Add additional pages as needed for more participants.)

Submission Instructions

Please submit your completed form **no later than December 11, 2025 5:00pm** by one of the following methods:

 **Email:** Katie Joseph — kjoseph@bigwaterut.gov

 **Drop Off:** Big Water Town Hall, Monday–Thursday, 9:00 AM–3:00 PM

 **After Hours:** Place in the secure drop slot by the front door of Town Hall

Confidentiality Notice: All information provided will be kept **strictly confidential** and used solely for the administration of the **Town of Big Water Angel Tree Program**.