No.

Greater Bergen Community Action, Inc. (GBCA)

Operation Holiday 2021

Name: ____ **Date:** ________________

Street Address: ______________________________**City/ZIP**_______________________

Daytime Phone (☐Cell ☐Home): __________________ **Alternate Phone:** _______________________

Email Address: __________________________________ **Birth Date:** ____________________________

Social Security Number: __________________________ **Signature:** ____________________________

Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Other: ______________________________

Language spoken in the home: ________________________________

Child's Name	**Age (*must be under 17 yrs. old*)**	**Gender**	**Clothing Size**

What GBCA services do you use, if any, other than Operation Holiday? ☐Head Start ☐Rental Assistance ☐Energy Assistance ☐Weatherization ☐ESL ☐ Adult Education ☐Housing Counseling ☐Financial Literacy ☐Family Shelter ☐Residential ☐1st Bergen FCU ☐Other: __________________

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Gift pick-up will be at **392 Main Street, Hackensack.**

No.

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Printed Name

You must bring this receipt with you to collect the gifts.