



Marine Corp Toys for Tots Application

County In Which You Live: _____

(Office use only: Application # _____)

Return by October 30th To: Chowan/Perquimans Smart Start Partnership
409 Old Hertford Rd.
Edenton, NC 27932
Phone # 252-482-3035

Year: 2024 This application is for children ages 0- 12 only.

PARENT INFORMATION

Parent: First Name: _____ Last Name: _____

Address: _____

EMAIL _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone #: _____

Alternate Contact Name: _____ Phone # _____

Relationship: _____

Have you applied with any other agency for toys this year? ____ yes ____no

How many children are you requesting toys for? _____

CHILD #1 INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Male: ____ Female: ____ Date of Birth: _____ Age: _____

CHILD #2 INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Date of Birth: _____ Age: _____

CHILD #3 INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Date of Birth: _____ Age: _____

CHILD #4 INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Date of Birth: _____ Age: _____

CHILD #5 INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Date of Birth: - _____ Age: _____

CHILD #6 INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Date of Birth: _____ Age: _____

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Or Email to lhall.cpssp@gmail.com

