**Registration form**

This year, the Maison de la famille de Gatineau is trying a new formula for its Christmas baskets. We want to encourage the spirit of mutual aid between families in the region and this is why we will prioritize sponsorships for the 2023 holiday season. This project aims to help families with low-income or living in a particular financial situation during the holiday season.

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| **FAMILY IDENTIFICATION FORM** | |
| 1. **Are you registred for a gift basket with another organization?**   Yes No   1. **What language(s) do you perfer to use to communicate?**   French English  Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **What is your adress?** *(inscrire l’adresse complète)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **How many adults aged 18 + are in your family?**   **\_\_\_\_\_\_\_**   |  |  | | --- | --- | | **Age** | **Gender** | |  |  | |  |  | |  |  | |  |  |  1. **How many children under 18 are in your family?**   **\_\_\_\_\_\_\_**   |  |  | | --- | --- | | **Age** | **Gender** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  1. **Do you have any specific needs?**   Yes No  Please specify if you do : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Do you prefer :**   Receive the Christmas backet directly at your home  Choose the Maison de la famille de Gatineau as a meeting point for the distribution of the Christmas basket  (101, Avenue Gatineau, Gatineau, QC J8T 4J4)   1. **In collaboration with Moisson Outaouais, we offer the possibility of receiving a Christmas meal. Is this something that interests you?** *(Please note that there is no delivery offered and that pick-up is at the Maison de la famille de Gatineau)*   Yes No | |
| **FAMILY CONTACT INFORMATION** | |
| **Last name :** | **Name :** |
| **Phone number :** | **E-mail adress :** |
| ***Send your completed form to Kassandra via her email address coordonnatrice@maisonfg.org*** | |