

2019 Adopt a Family for the Holidays is currently only accepting 25 applications in each chapter state of BikerDown (Colorado, Arizona and Nevada)

Applicants can only apply and receive assistance 1-time. Applicants must also be nominated and cannot apply for themselves. All nomination applications will be reviewed, and you will be notified if you are approved. ALL APPLICANTS WILL BE NOTIFIED BY DEC. 8TH



*A program of BikerDown Foundation*

## 2019 ADOPT-A-FAMILY FOR THE HOLIDAYS ADOPTION FORM

**(Please print)**

**Nominee Name:**

FIRST \_\_\_\_\_ LAST: \_\_\_\_\_ Other: \_\_\_\_\_

**Home Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about our program: \_\_\_\_\_ Have you been adopted before \_\_\_yes \_\_\_no

**Please tell us your story for nomination consideration:** (please attach additional pages if needed)

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## Family Members (please attach additional pages if needed)

First Name	Last Name	Relationship	Age/Sex	What would they like for X-mas
1.				
2.				
3.				
4.				
5.				

## References (please provide 2-3 people that we can call to verify your situation)

First Name	Last Name	Phone #	Email	How do you know them
1.				
2.				
3.				

*Note: Form must be signed and faxed to 719-362-4314 or emailed [adoption@bikerdown.org](mailto:adoption@bikerdown.org).*

*By signing this I understand that if I am chosen to be adopted. I give Adopt a Family for the holidays permission to use my image and story (without divulging my personal information or last name) to potential donors. I also understand that if I am chosen to be adopted that I will be required to attend the December Dinner with Santa for my family. 4 tickets are given to each family, any additional family members will have to pay for their own dinner. I understand that I will required to get my own transportation to/from the Dinner with Santa. Failure to attend the Dinner with Santa will forfeit your adoption with Adopt a Family*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Exec Dir. \_\_\_\_\_ STATE: COLORADO: \_\_\_\_\_ ARIZONA \_\_\_\_\_ NEVADA \_\_\_\_\_

Approved: \_\_\_\_\_ YES \_\_\_\_\_ NO COMMENTS: \_\_\_\_\_

Disbursements: \_\_\_\_\_

Adopted by: \_\_\_\_\_ GIFT CARD: \_\_\_\_\_ FOOD: \_\_\_\_\_