Photo or video required.

You can email the required photo or video to adoption@bikerdown.org.

We must have photos or videos from you to post on our site.



Denver Colorado

2018 ADOPT-A-FAMILY FOR CHRISTMAS PROGRAM

Application Form Please print.						
Nominee Name:						
Last	First	MI				
Lasi	1 1131	IVII				
Home Address:						
Street	City	State	Zip Code			
Home Phone	Work Phone _	Emai	l:			
How did you hear about our program:		_ Have you been adopte	ed beforeyesno			
Please tell us your story	for nomination consid	leration: (please attach ad	dditional pages ifneeded)			

Family Members (please attach additional pages if needed)

First Name	Last Name	Relationship	Age/Sex	What would the	ey like for X-mas
1.		-			
2.					
3.					
4.					
5.					
		e 2-3 people that we ca	an call to verify y	our situation)	
Firs	t Name Las	t Name Phone #	Em	nail How o	do you know them
1.					
2.					
3.					
Have you eve	er applied to our /	Adopt a Family for the	e Holidays Pro	gram yes _	no
Note: Form r	must be signed a	nd faxed to 719-362-	4314 or emaile	ed adoption@biker	down.org.
story (without divu I will be required t members will have	ulging my personal info to attend the Decembe e to pay for their own o	chosen to be adopted. I give ormation or last name) to pot r Dinner with Santa for my fa dinner. I understand that I w will forfeit your adoption with	ential donors. I also amily. 4 tickets are ill required to get m	o understand that if I am given to each family, any	chosen to be adopted that additional family
Signature:					Date
Executive Dir	ector: —				Date ———
Approved			Disapprove	ed ————	
Adopted by:					
1 7					