DOING THE MOST GOOD

Application Checklist

☐ **Wish List**: Each parent/guardian should complete one Wish List **per child**.
- The child's first name, last name and gender should appear at the top of all Wish-Lists.

☐ **Commitment Letter**: Each parent/guardian should **sign** the Commitment Letter.

☐ **Photo & Video Release Form**: Each parent/guardian should **sign** the Release Form.

☐ **Explanation has occurred**: This year, the child(ren) do not need to attend the gift distribution, but a parent/guardian must be present and bring identification.

☐ **Calls* to Parent/Guardian from The Salvation Army personnel prior to the gift distribution:**

_____ (Date Called) A call informing the gift distribution location and time

_____ (Date Called) A reminder call 1-2 days prior to the gift distribution

*All calls related to the gift distribution should be made The Salvation Army personnel and not any Sheetz representatives.

All paperwork must be completed by the parent/guardian and returned to The Salvation Army Area Coordinator by **Friday, October 24, 2025.**

Further contact and follow-up will be made with the families once the Sheetz gift distribution times and locations are determined. Families should expect party time and location information by **Friday, November 7, 2025.**

Toy Distribution Location

_____

Date & Time

_____

Salvation Army
Corps/Service Unit

_____

Wish List 2025

Child Information

Name (Full Name) _____ Age _____ Gender Identity (check one): Male ☐ Female ☐ Other ☐

Number of Siblings_____

Parent/Guardian Information

Name (Full Name)_____

Phone Number _____ Email Address _____

Submitted a signed Photo & Video Release Form? Yes ☐ No

Please complete in detail ALL SECTIONS on the Wish List
Note: All gifts are purchased at Walmart or Target

CLOTHING

– Name brand items are not available for purchase

- If your child would like clothing as part of their gifts, **only** fill out the sizes below for the items they want
- If they **DO NOT** want any clothing, check this box: ❒

Item	Description	Size – Specify Youth or Adult	Item	Description	Size – Specify Youth or Adult
Shirts			Winter Coat		
Pants			Winter Hat		
Dresses			Winter Gloves		
Pajamas			Snow Pants		
Underwear			Snow Boots		
Bras			Other Shoes		
Socks			Any Other Items		

MOST WANTED GIFTS (IN ORDER OF PRIORITY)

- Please specify if your child has an ethnic preference for dolls
- Bikes are not able to be purchased

1.

2.

3.

4.

Continue to Next Page

Child Information

Name (Full Name) _____ Age _____ Gender Identity (check one): Male ☐ Female ☐ Other ☐

MOVIES/ VIDEO GAMES/ MUSIC

- Movies, games or music that have a PG-13, R, M or explicit rating will not be purchased
- If they **DO NOT** want any movies/video games/music, check this box: ☐

Although gaming consoles will not be purchased, if your child is interested in video games, please list the gaming console(s) they have: _____

A FEW OF MY FAVORITE THINGS

- Help us shop for your child by completing the following section with <u>as much detail as possible</u>
- If items are not identified, gifts will be up to the discretion of the shopper

Colors	
TV Shows/Movies	
Hobbies/Activities	
Sports/Sports Teams	
Books/Games	
Characters	

List any items that you DO NOT want purchased for your child

List any of the child's special needs or considerations regarding the gifts that are being purchased

- Example: My child has issues with sight and requires books with large print

Questions? Contact your Salvation Army Area Coordinator:

Name Phone Number

Commitment Letter

(Salvation Army Representative – Keep this form for your records)

I am pleased to advise you that your child(ren) have been selected to participate in the Sheetz For the Kidz Gift Distribution on _____. **Please note that a parent/guardian is required to attend the gift distribution and bring identification.** The Salvation Army will contact you soon to confirm the gift distribution date, time and location. We will contact you via the information below.

_____

Name of Parent/Guardian (who will be attending the Distribution)

Address

Home Phone **Cell Phone** **Email**

Names of Child(ren) Participating:

Name_____ **Age**_____ **Gender**_____

Name_____ **Age**_____ **Gender**_____

Name_____ **Age**_____ **Gender**_____

Name_____ **Age**_____ **Gender**_____

Name_____ **Age**_____ **Gender**_____

SPECIAL RELEASE

I hereby release Sheetz, Inc. and The Salvation Army of any liability related to the annual event on _____ for my child(ren). I am aware my child(ren)'s first and last name will be recorded for clerical purposes.

_____ _____

Signature of Parent/Guardian **Date**

_____ _____

Signature of Witness **Date**

If you have any questions, please call _____. If there should be inclement weather, you will be notified as to whether the event will be postponed.

DOING THE MOST GOOD

SHEETZ for the KIDZ

Consent to Publication
Photo & Video Release Form for Parents/Guardians

Gift Distribution Date: _____

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, internet sites including social media sites, and any other multimedia or electronic medium existing now or in the future, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant to The Salvation Army that I have not limited or restricted the use of my name or photograph to use of any organization or person.

I hereby grant unrestricted use of audio tracks, videos, or text, including in an electronic medium existing now or in the future, by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

There is no time limit on the validity of this waiver nor is there any geographic limitation on where these materials may be distributed. This waiver applies to all Salvation Army locations and events.

Witness by my hand as noted and sealed this day.

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)

Witness to Execution of Release

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)