



GIFT CARD & HAMPER CONSENT FORM

**Seabird Island Band
EVENTS DEPARTMENT**

ATTN: Charlene Point
P.O. Box 650, 2895 Chowat Rd, Agassiz, BC V0M 1A0
Tel: (604) 796-2177 Fax: (604) 796-3729
events@seabirdisland.ca

MEMBERS NAME: _____ DATE OF BIRTH: _____

CONTACT: _____ STATUS #: _____

OPTION 1- AUTHORIZE FAMILY MEMBER TO PICK-UP

I REQUEST AND AUTHORIZE _____ TO PICK-UP MY CHRISTMAS GIFT CARDS.
(FULL NAME)

OPTION 2- MAIL DELIVERY

PLEASE MAIL MY CHRISTMAS GIFT CARD TO THE FOLLOWING ADDRESS:

ADDRESS: _____
CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP CODE: _____

THIS REQUEST AND AUTHORIZATION ALSO APPLIES TO MY SIB MEMBER CHILDREN 18 AND UNDER, WHO ARE IN MY CARE:

FULL NAME: _____ DATE OF BIRTH: _____

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I WOULD LIKE TO APPLY FOR OFF-RESERVE HAMPER \$50 Hamper Gift Card Yes
This form must be received before 4 p.m. December 11, 2020

MEMBER AUTHORIZATION: _____ DATE SIGNED: _____

WITNESS SIGNATURE: _____ WITNESS NAME: _____

For Office Use Only:

Date Received: _____ Initial: _____

