

Treasure of Hope (TOH) Customer Registration Form 2017
All sections of this form must be filled out in order to participate in TOH

Customer Information					
Registration Intake Date :					
First name:		Middle name:		Last name:	
Current address:					
City:		State:		ZIP Code:	
Phone Number:		Email:			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other _____					
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:			
Registration Information (Your responses will be confidential)					
Are you a prior TOH participant: Yes No			If yes, number of times you participated:		
Employment Information: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Receiving Gov't Assistance					
Income Range: <input type="checkbox"/> Under \$20,000 <input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> Over \$40,000 <input type="checkbox"/> Gov't Subsidized (WIC, SNAP, TNAF, SSI)					
# Adults in Family (over 18yrs):			# Infants in Family (under 2yrs):		
# Children in Family (2-12yrs):		# Teenagers in Family (13-17yrs):		# Veteran's in Family:	
# Disabled in Family:		Is the shopper disabled? (Please Circle):		Yes No	
Shopping Information					
Total number of people in your family:					
Preferred Shopping Date (Please Circle): Dec 11 th Dec 12 th Dec 13 th Dec 14 th Dec 15 th					
Name of person shopping (if different than applicant):					
Referral Organization's Information					
Name of Referral Organization:					
Referral Contact Name :			Referral Contact Phone #:		
TOH Participant Type:			<input type="checkbox"/> Shopper <input type="checkbox"/> Team Captain		