

DATE: _____

LACE UP FOR KIDS

WENDY'S, WTOV 9 and UNITED WAY

Shoe Sizing Application - 2009

**THIS APPLICATION DOES NOT GUARANTEE THAT YOUR CHILDREN
WILL RECEIVE SHOES.**

FIRST & LAST NAME OF:

MOTHER: _____ FATHER: _____

Other Legal Guardian: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Monthly Income _____
(Must provide proof of income.)

CHILD(REN) NAME(S): (Each child must be present to receive shoes at distribution.)

	AGE:	SEX:	SHOE SIZE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WAVIER AND AUTHORIZATION TO RELEASE INFORMATION

By signing this wavier you are authorizing United Way, to give, exchange and/or receive information from any other Agency/Organization. You hereby agree to hold United Way, it's employees, officers, directors and agents harmless from any claim, suit, action or demand made by any creditor or the client or any other person which in manner may arise from any action taken by the United Way or the creditors of the client in connection with any services rendered by the United Way to the client. By signing this release of information I, am verifying that the information I gave on the Wendy's, WTOV & United Way Lace Up For Kids application is the truth, I understand that any falsification can result in the termination of services.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Tentative distribution day is scheduled for Friday, August 14, 2009 at the United Way Office, 501 Washington Street, Steubenville, Ohio

DATE: _____

Please attach copies of proof of income, ID cards and proof of address such as an electric bill.