



A LINEMAN'S CHILD

Please use this form to register your child for the program. If you have multiple children that qualify, please submit **one form for each child**.

NSUJL's *A Linemen's Child* program is available to **minor children of permanently disabled and fallen IBEW lineworkers**. Children that qualify for this program will be sent *birthday gifts on their birthday* and, if requested, will be registered to *attend a camp that suits each child's individual needs* at no charge. Additional needs associated with this program, such as travel costs, will be evaluated on a case-by-case basis. Find more info about this program at **www.nsujl.org/a-linemans-child**.

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Child's Name: _____ Child's Birthdate: ____ / ____ / ____

Child's Gender: Male Female Child's School Grade: _____

Applying Parent's Name: _____ Relationship to Child: _____

Disabled/Deceased Parent's Name: _____ Relationship to Child: _____

Shipping Address: _____

City: _____ State: _____ Postal/Zip: _____

Parent's Phone: _____ Parent's Email: _____

Shirt Size: _____ Favorite Character: _____ Favorite Book: _____

Pants Size: _____ Favorite Movie: _____ Favorite Toy: _____

Shoe Size: _____ Favorite TV Show: _____ Favorite Game: _____

Favorite Color: _____ Favorite Music: _____ Favorite Brand: _____

Additional Likes: _____

Dislikes: _____

Specific Gift Requests: _____

What type of camp would be appropriate for your child? _____

Day Camp Sleepaway Camp Weekend One Week Longer than One Week Grief Camp

Is your child struggling to cope with the disability/loss of his/her parent? If yes, please explain: _____

I certify that I am the parent or legal guardian of this child and that I have read and agree to all terms regarding this program. By signing this document, I give my permission for my child to participate in this program.

Signature _____ Date _____