



OSWEGO FIRE PROTECTION DISTRICT



TOY REGISTRATION FORM



REQUEST FORM DUE BY DECEMBER 10TH

PLEASE PRINT CLEARLY

PARENT / CAREGIVER:
ADDRESS:
CITY:
ZIP CODE:
PHONE #
E-MAIL:

	CHILD'S NAME	AGE	BOY	GIRL
1.				
2.				
3.				
4.				
5.				

E-Mail: Lt. Kearns - kkearns@oswegofire.com