Joy of Giving – Family Application

Family Name: _____ Parent Name/Cell #/ Email _____

_____

Qualifying Shopper Name	Age	Gender	Disability / Allergies / Concerns / Accommodations

Please list all siblings who will be participating in this Respite Event:

Sibling Shoppers	Age	Gender	Allergies / concerns

Please provide details about the family members the children will be shopping for / first names / relationship to shopper / age & gender / This information allows us to ensure we have an appropriate gift selections available for shoppers to choose.

Name / gift recipient (print)	Relationship to shopper	Indicate Adult or Child (give age)

Applications must be completed and returned to Rooftop Friends on or before November 28, 2025

Scan and e-mail to: joyofgiving2025@gmail.com or mail to: Joy of Giving c/o Christchurch

8800 Vaughn Road

Montgomery Al 36117