

**SENECA POLICE DEPARTMENT**  
**2010 CHRISTMAS KIDS SHOP WITH A COP**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's School: \_\_\_\_\_

Explain the need or reason for child's sponsorship to this program:

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please return this form to the Seneca Police Department no later than Friday, December 3, 2010**