

Baby Shower Registration Form



Applicant Information

Moms Name:

Dads Name:

Address

City State Zip Code

Phone Cell

Email Address

Due Date Gender Theme/Colors

Operation Showers of Appreciation
29284 Sandpiper Drive
Lake Elsinore, CA 92530
(928) 377-5901
Fax: (760) 859-3331
www.OSOAmil.org

Service Member Information

Name (last,first) Rank

Command Information Installation

Family Information

Please list other children here:

Name/Age/Sex	<input type="text"/>	Name/Age/Sex	<input type="text"/>	Name/Age/Sex	<input type="text"/>
Name/Age/Sex	<input type="text"/>	Name/Age/Sex	<input type="text"/>	Name/Age/Sex	<input type="text"/>

Please tell us about your family:
(If more paper is needed, please add a second sheet)

Needs List

Please check items that are needed only:

Necessity Items:

- | | |
|---|---|
| <input type="checkbox"/> Bathtub | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Bathtime Essentials | <input type="checkbox"/> Diapers & Wipes |
| <input type="checkbox"/> Bibs & Burp Rags | <input type="checkbox"/> Cloth |
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Diaper Bag |
| <input type="checkbox"/> Bottles | <input type="checkbox"/> Rattles/Teethers |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Thermometer |
| <input type="checkbox"/> Convertible Car Seat | |

Wish list items: (please select your top 4)

- | | |
|---|--|
| <input type="checkbox"/> Breast Pump | <input type="checkbox"/> Playard |
| <input type="checkbox"/> Bouncer or swing | <input type="checkbox"/> Sling/Carrier |
| <input type="checkbox"/> Crib & Mattress | <input type="checkbox"/> Stroller |
| <input type="checkbox"/> Monitor | <input type="checkbox"/> Double |
| <input type="checkbox"/> Nursing Supplies | <input type="checkbox"/> Single |
| <input type="checkbox"/> Nursing Pillow and cover | <input type="checkbox"/> Swing |
| <input type="checkbox"/> Rocking chair | |

Who may we Thank for your referral?

I understand that; by submitting this application I am disclosing all information voluntarily, requested information will be used for verification purposes only, and all information requested must be submitted prior to assistance. Operation Showers of Appreciation is not obligated to purchase items for my family and I may or may not be a participant in any of their events. I understand that Operation Showers of Appreciation is a Non-Profit organization and is not obligated in any way to assist my family based on our military service status. I also understand that OSOA is asking me to provide a list of necessity items and my top 4 wish list items and I may not receive any or all of the items I selected. I acknowledge that if selected to participate in an OSOA event, I will not attempt to resell or return items donated to me without contacting an OSOA representative.

I authorize Operation Showers of Appreciation to use my comments and photos for marketing purposes. I certify that all information provided is true, correct, and complete.

Print and sign application

Signature and Date

Please send completed and signed application along with the following documents:

**Most Current Les
Expecting Moms Military ID
Proof of Pregnancy
Military Service Member Verification Form**

All documents can be faxed, or sent via email to us at:

Operation Showers of Appreciation
Attn: Baby Shower Registration

Fax (760) 859-3331

Info@OSOAmil.org