

OSOA is a 501(c)3, non-profit tax-exempt organization, whose mission is to honor our military families in a unique way by showering them with gifts for their newborn babies, providing support during difficult times, and letting them know the many sacrifices of both the families and service members are appreciated.

## **OSOA Registration Form**

# **Applicant Information**

Mom's Name

Dad's Name

**Mailing Address** 

City ST Zip

Home Phone Cell Phone

**Email Address** 

Due Date Multiples Gender Theme/Colors

### **Service Member Information**

Name (last, first) Rank

Command/Squadron Information

**Duty Station** 

### **Family Information**

Number of Children

Tell us about your family (examples: how long have you been married, number of deployments, your children, pets, etc.)

### **Needs and Wish List**

Glass

Necessity Items:		Wish List Items (please select your top 4 only)	
Bath/Hygiene Items	Clothing	Breast Pump	<b>Nursing Pillow</b>
Bathtub	Diapers & Wipes	Bouncer or Swing	Playard
Bedding Items	Cloth	Crib	Sling or Carrier
Bibs & Burp Rags	Diaper Bag	Mattress (crib)	Stroller
Blankets	Rattles/Teethers	Monitor	Double
Bottles	Thermometer		

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. OSOA is not obligated to purchase or donate items for my family and I may or may not be a participant in any of their events. I understand that OSOA 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 my family without contacting an OSOA representative. Legal action may be taken if I attempt to resell or return items without prior consent.

I authorize OSOA to use my comments and/or photos for marketing purposes. I certify that all information provided is true, correct, and complete.

Digital Signature:

Please submit all fully completed applications along with the following documents:

Military Service Member Verification Form

Most Current LES

Submit documents to:

Registration@OSOAmil.org

Or by fax to (760) 859-3331