

Winter Wonderland Wish List

STARK COUNTY Veteran's Information

*Veteran (and/or Dependents) MUST be a resident of Stark County (proof may be requested)

LAST NAME _____

FIRST NAME _____

LAST 4 SSN _____ CONTACT NUMBER _____

ADDRESS (MUST BE CURRENT)

STREET _____

CITY _____ ZIP _____ COUNTY _____

FOR OFFICIAL USE ONLY

Veteran Status Confirmed By: _____

Date: _____



*NOTE: Must attend *Winter Wonderland* on **December 5th** between **11 am—3 pm** to receive your wishes. *Gifts not picked up on December 5th will be donated.*

VETERAN *Wishes* (add specifics) *Submit Wishes By NOVEMBER 2, 2026

1st		2nd		3rd		
Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe Sock Size	Coat Size	Bedding Size

☐ VS *SPOUSE Wishes* (add specifics) ☐ Veteran Deceased Mark (Y) *Submit Wishes By NOVEMBER 2, 2026*

1st		2nd		3rd		
Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe Sock Size	Coat Size	Bedding Size

ELIGIBLE DEPENDENTS MUST BE 18 YEARS OF AGE & UNDER

Dependent Eligibility: Biological | Stepchild | Adopted | Legal Guardian

☐ A *DEPENDENT Wishes* MARK DEPENDENT STATUS: ☐ Biological | ☐ Stepchild | ☐ Adopted | ☐ Legal Guardian

1st		2nd		3rd		
Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe Sock Size	Coat Size	Bedding Size

☐ B *DEPENDENT Wishes* MARK DEPENDENT STATUS: ☐ Biological | ☐ Stepchild | ☐ Adopted | ☐ Legal Guardian

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Age	Gender	IF APPLICABLE				
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