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 13th between 11 am—3 pm to receive your wishes. *Gifts not picked up on December 13th will be donated.*

VETERAN *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

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 3, 2025*

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* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe | Sock Size	Coat Size	Bedding Size

B DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

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

NOTE: Must attend *Winter Wonderland* on December 13th between 11 am—3 pm to receive your wishes.
Gifts not picked up on December 13th will be donated.

C DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe |Sock Size	Coat Size	Bedding Size

D DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe | Sock Size	Coat Size	Bedding Size

E DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe | Sock Size	Coat Size	Bedding Size

F DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe | Sock Size	Coat Size	Bedding Size

G DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe | Sock Size	Coat Size	Bedding Size

H DEPENDENT *Wishes* (add specifics) *Submit Wishes By NOVEMBER 3, 2025*

1st	2nd	3rd

Age	Gender	IF APPLICABLE				
		Pant Size	Shirt Size	Shoe | Sock Size	Coat Size	Bedding Size