



Nomination Form

Return completed form by mail or email:

Believe in Santa Foundation
11150 N Williams Street
Suite 108
Dunnellon, FL 34432

Santa@BelieveInSanta.com

Your Name _____ Organization _____

Address _____

City _____ Zip _____ Email _____

Daytime Phone _____ Nighttime Phone _____

Nominee Name(s) _____

Parent/Guardian Name _____

Address _____

City _____ Zip _____ Email _____

Daytime Phone _____ Nighttime Phone _____

The child is Home Homeless Hospital Hospice Shelter Other _____

Total number of children _____ Male Ages _____ Female Ages _____

Reason for your nomination (be as specific as possible and use additional sheets of paper as needed):

Date of request _____ Requested visit date(s) _____

Please keep a copy of this nomination form for your records.