



SHERIFF WAYNE IVEY

BREVARD COUNTY SHERIFF'S OFFICE

2022 SHOP WITH A COP APPLICATION

Parent / Guardian Name: _____

Home Address: _____

Street City Zip

Telephone Number: _____

E-mail Address: _____

Place of Employment: _____

Job Title / Supervisor: _____

Work Telephone Number: _____

Have you Requested Assistance From Another Organization? Yes ___ No ___

List Applicants between ages 5-14 List children under 5 for "gift only" purposes Children under 5 will not be shopping

Name	Age	M/F	Children Under 5	Age	M/F

By signing this document, you are authorizing your child(ren) to participate in **Shop with A Cop**, have their photograph taken, and possibly be published, and acknowledge you are not requesting assistance from any other charitable organization in regard to holiday gifts.

Submitting this application does not guarantee acceptance or participation. Each application and supporting documents will be reviewed to determine which families are in need the most – we do not select applications based on the date we receive them.

Parent / Guardian Signature _____

Please return all applications and required documents to the Brevard County Sheriff's Office Community Services Unit at:
700 S. Park Ave.
Titusville, FL 32780