Angels Anonymous Inc.



MIRACLE ON WEAVER STREET 2026

SATURDAY, December 12th 9:00am-12:00pm

Angels Anonymous Headquarters 231 Weaver Street Fall River, MA

Angels Anonymous is excited to welcome Mr. and Mrs. Claus for a special holiday visit filled with joy, surprises, and gifts for children on the Nice List!

- This event is open to children **12 and under**.
- Due to the popularity of this event, registration is limited to the **first 300 children with completed applications**.
- All children must be **registered and approved before the event**. Children must also be **present to receive their gift—no exceptions.**
- **For Community Partners,** please have each parent complete an application for their own children. Group or third-party applications cannot be accepted.

🎁 **How to Apply**

1. Complete the application in full.
2. Mail your application to Angels Anonymous or turn it in at one of our November pantry events.
3. **Please do not email, Facebook message, or verbally submit application information. These requests cannot be accepted.**
4. Applications will be accepted until we reach 300 children or November 30th, whichever comes first.
5. After your application is reviewed, a volunteer will contact you to confirm your information and give you an assigned family number. **Please bring this number with you to the event.**

   WRITE YOUR ASSIGNED NUMBER HERE: _____
   BRING THIS FORM WITH YOU TO THE EVENT TO HAND TO MR AND MRS CLAUSE. PLEASE HAVE ALL CHILDREN ASSIGNED TO THIS NUMBER IN ONE CAR.

Please provide a last name on the application that matches a form of identification you can bring with you. This will help us identify your family and make sure you receive the correct gifts.

We look forward to celebrating the holiday season and making special memories with you and your family.

Warm holiday wishes,
The Board Members of Angels Anonymous

MIRACLE ON WEAVER STREET 2026
APPLICATION

PLEASE PRINT CLEARLY SO WE CAN ENSURE WE CAN CONTACT YOU

Parent Name: _____

Please provide a last name on the application that matches a form of identification you can bring with you. This will help us identify your family and make sure you receive the correct gifts.

Phone #: _____ Language Spoken: _____
Email: _____ *provide in case we can not reach you by phone!

Child's Name: _____ Age: _____ Gender: _____
IMPORTANT: PLEASE INCLUDE: 3 choices of books/games/interests:
1. _____
2. _____
3. _____

Child's Name: _____ Age: _____ Gender: _____
IMPORTANT: PLEASE INCLUDE: 3 choices of books/games/interests:
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IMPORTANT: PLEASE INCLUDE: 3 choices of books/games/interests:
1. _____
2. _____
3. _____

**** PROVIDE ADDITIONAL CHILDREN'S NAMES AND INFORMATION ON THE BACK OF THIS FORM**