



# White Mountain SIRENS & SLEIGH BELLS

PRESENTED BY: PINETOP-LAKESIDE POLICE DEPARTMENT  
&  
SHOW LOW POLICE DEPARTMENT



## SUPPORTING THE STUDENTS OF BLUE RIDGE & SHOW LOW SCHOOL DISTRICTS

### HOSTED BY WALMART SUPERCENTER IN SHOW LOW



**CHILDREN AGES 5-12 ARE ELIGIBLE FOR NOMINATION**

**THIS EVENT IS FUNDED THROUGH GENEROUS DONATIONS FROM OUR  
GREATER WHITE MOUNTAIN COMMUNITY & OUR PARTNER, TOYS FOR TOTS**

IF YOUR CHILD IS SELECTED, YOU WILL BE CONTACTED BY PHONE NO LATER THAN  
**FRIDAY, DECEMBER 5TH.**

PLEASE MAKE SURE TO LIST A GOOD WORKING PHONE NUMBER WHERE YOU CAN BE REACHED,  
IF SELECTED.

EACH SELECTED CHILD WILL RECEIVE A SET DOLLAR AMOUNT TO BE USED DURING A SET TIME ON THE  
DATE OF THE EVENT WITH AN OFFICER.

PLEASE NOTE, EACH CHILD'S PARENT OR GUARDIAN WILL BE REQUIRED TO PAY THE DIFFERENCE  
AT THE REGISTER IF THEY EXCEED THEIR ALLOCATED AMOUNT.

CLOTHING AND SHOES MAY BE PURCHASED WITH THE WMSSB GIFT FUNDS

APPLICATIONS MAY BE PICKED UP AT EITHER POLICE DEPARTMENT  
OR AT YOUR LOCAL SCHOOL.

**APPLICATION DEADLINE: FRIDAY, NOVEMBER 21<sup>ST</sup>, BY 5PM  
AT EITHER POLICE DEPARTMENTS**

**\*\*NO EXCEPTIONS\*\***

DUE TO THE HIGH NUMBER OF APPLICATIONS, NOT EVERY CHILD WILL BE SELECTED.  
WE WILL MAKE EVERY ATTEMPT TO SERVE THE MOST IN NEED.

QUESTIONS REGARDING THIS PROGRAM MAY BE DIRECTED TO:  
PRECILA DE LA GARZA WITH PLPD AT 928-368-8803 X226  
CAMERON PETERSON WITH SLPD AT 928-537-5091 X256

TO NOMINATE A CHILD, COMPLETE THE APPLICATION ON THE REVERSE PAGE





# White Mountain SIRENS & SLEIGH BELLS

Application Deadline  
Friday, November 21, 2025  
BY 5PM



Please print clearly! All information on this application is necessary for identifying and notifying potential participants of this program. A full address and phone number are required.

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

List of others school age children living at home in need of assistance.

Include NAMES, AGES, DOB. Must be ages 5-12.

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Must provide a working contact number

Child/Student School Name: \_\_\_\_\_

(if applicable)

### \*\*\*CRITICAL INFORMATION\*\*\*

Describe why this child needs assistance. This application will not be considered if a detailed explanation is not provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Relation to the Child \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If this box is checked, the information will be kept confidential and will not be provided to the family of the child, or any other person(s).

#### Media Release

I give my permission to the Town of Pinetop-Lakeside and other Law Enforcement Agencies to use my and/or my child's photo on the organization's website, social media accounts, reports, and publications.

I **DO NOT** give my permission to use my and/or child's photo in any capacity.

**PLEASE NOTE:** If the gift fund limit is exceeded, parents/guardians will be **REQUIRED TO PAY** the difference at the register.

**YOUR RECEIPT WILL BE KEPT UPON CHECKOUT FOR ACCOUNTING PURPOSES.**

