

City of Stevens Point  
1515 Strongs Avenue  
Stevens Point, WI 54481-3594



John Moe  
City Clerk  
Phone: 715-346-1569  
Fax: 715-346-1498

## Smongeski Health Fund Application

**Eligibility:** Children must be between the ages of 5 - 16 and reside within the City limits.

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Members of the family that are between the ages of 5 and 16 years old:

Name(s)

Birthdate (MM/YYYY)

---

---

---

---

---

---

---

---

---

---

---

---

The undersigned, an adult resident of the City of Stevens Point, does hereby acknowledge that he/she, upon receipt of toothbrushes and/or vitamins, has contacted, or will contact, his/her physician as to the proper quantity to be consumed and does hereby release the City of Stevens Point, its agents, officers, and employees from any and all liability which may arise from the use of such products, or the city's dispensing of such products to the undersigned, and that the City of Stevens Point makes no guarantee or warranty, whether expressed or implied, as to the fitness or purpose of such material.

Furthermore, by my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date