Community Food Pantry Registration

First Name				
Last Name				
Location Address				
Email Address				
Phone Number				
Mailing Address				
Children/Dependants	Age	Allergies	Special Dietary Needs	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Other Information				
Would you prefer delivery or a	re you able to	pick up the n	nonthly hamper?	
Do you have cooking equipn	nent (pot, fry	y pan, baking	sheet, cake pan, muffin tin) and	l
utensils (wooden spoon, wis	sk, rubber scr	raper, spatul	a, measuring cups/spoons,	
vegetable peeler, can opene	r) for prepar	ring/cooking/	/baking food?	
Can you store frozen items?	If so, what is	s your approx	ximate freezer capacity?	
Do you have fridge space? If	so, what is y	your approxii	mate fridge capacity?	
Would you be interested in	a food prep/	cooking class	5?	