

Hamper # \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

# of Adults (18+) \_\_\_\_\_ Children Ages 0-3 \_\_\_\_\_ 4-12 \_\_\_\_\_ 13-17 \_\_\_\_\_ Total \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Name	Date of Birth	Monthly Income	Source

Pets: \_\_\_\_\_

The undersigned personally and on behalf of the family members above referred to, all heirs, executors, and assigns hereby releases and forever discharges Wilmot Family Resource Centre from any and all actions, suits, claims and demands whatsoever she/he shall or may have now and hereafter.

I understand and permit this information to be shared with other food hamper programs and social service agencies, including the Food Bank of Waterloo Region.

Signature \_\_\_\_\_ Dated \_\_\_\_\_