Summer Lunch Bunch Program

Delivered Meals Application

Please complete the following application and return to the Moreau Community Center no later than July 1, 2020 Thank You!

Mail to: 144 Main Street, South Glens Falls, NY 12803 or Fax to: 518-792-0837

Childs Name	Relationship	Age

Please List any food Allergies in your Household: ______________________________

____

____

Last Name: ______________________ **First Name:** ______________________

Address: ____________________ **City:** ______________ **State:** **NY** **Zip:** ________

Phone:______________________ **Email:**______________________________

During this time of COVID-19, we want to ensure your childrens' food needs are being met. We will deliver five easy-to-prepare lunches each Tuesday throughout the summer for your school-age child (ren) on TUESDAYS. Someone must be home to accept the food.

You will be notified if you are accepted in the program.

♦ ♦

I confirm that the information that I am providing is true. I agree to accept all donated items from Moreau Community Center "AS IS". I understand that it is my responsibility to ensure the safe consumption of any items from our food bank. I further confirm that my family lives in the South Glens Falls School District.

______________________________ ______________________

Signature ***Date***