

We agree, our household is requesting food from the Gunni-Pack program. I understand that I am providing information so that we will receive a bag (or bags) of food on a weekly basis for our child/children. 1 bag of food is provided per child/ per household.

I understand that it is my responsibility to screen my child's food items for allergies and for freshness. I hereby release Gunnison Country Food Pantry of any liability.

The first 50 households will be included in this session.

Would you like to be included on a wait list in the event we have reached our maximum households for this session? Yes _____ No _____

Household information

Parent First Name: _____ Parent Last Name: _____

Address: _____ Phone: _____

Number of adults: _____ Number of children: _____

1) Child Name (First and last)	Birth Date
_____	_____
2) Child Name (First and Last)	Birth Date
_____	_____
3) Child Name (First and Last)	Birth Date
_____	_____
4) Child Name (First and Last)	Birth Date
_____	_____

List all additional children and birthdates here if needed.

Does your child/children have any dietary restrictions or allergies? (We will try our best to accommodate all dietary needs but cannot guarantee that all foods in your gunni pack are safe. Please thoroughly check each bag before allowing your child to consume.)

YES/NO?

If yes, please describe.

Please return all request forms to the school office or email the form
pantrymanager@gunnisoncountryfoodpantry.org