

MOBILE PANTRY/FOOD DISTRIBUTION SIGNATURE LOG

School Name:		Event Date:					
This form certifies that the following househol	lds received a distribution of food	during the above lis	ted date. Name of recipient plus the amount of p	eople in the household is requir	ed.		
Head of Household	Phone Number	Date of Birth	<u>Address</u>	Additional Member Name	Children (0-18)	Adults (19-59)	Seniors (60 +)
1							
2							
3							
4							
_							
12							
13							
14							
15							
Total Haysahalds							

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