

TABERNACLE FOOD PANTRY REGISTRATION FORM

Date: _____

Name: _____

Phone: _____

Address: _____

Neighbors Phone: _____

Dependents: _____

Zip Code: _____

1 _____

2 _____

3 _____

4 _____

5 _____

Check one: I participate in the following programs:

- Food Stamps
- Social Security Income
- W-2 Income
- Medicaid

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I have shown a utility bill to confirm my address:

Church Official Signature

My Signature

Each time I receive my monthly food supplement I must sign my name and understand it can only be received once monthly

March _____

September _____

April _____

October _____

May _____

November _____

June _____

December _____

July _____

January _____

August _____

February _____