

ECUMENICAL FOOD PANTRY OF PIKE COUNTY

CLIENT REGISTRATION FORM

Client Family Name: _____

Address: _____

Town, State, Zip: _____

Home #: _____ Cell #: _____

FAMILY MEMBERS IN HOUSEHOLD (including self)

Name	Age Range			
	Child (0-5)	Child (6-17)	Adult (18-59)	Senior (60+)

Form of Identification: _____

I understand that the food that I receive from the food pantry is only for the family members in my household listed on this form.

I HAVE RECEIVED A COPY OF THE FOOD PANTRY GENERAL INFORMATION FORM

Client's Signature: _____ Date: _____

Volunteer: _____