

# **SCHOOL DELIVERY APPLICATION**

#

DATE:

SCHOOL NAME:

ADDRESS:

CITY: **Hamilton**  POSTAL CODE:

SCHOOL PHONE: CELL PHONE (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME(S):

CONTACT EMAIL(S):

PRINCIPAL:

A/R CONTACT:

A/R CONTACT EMAIL/PHONE:

SELECT PAYMENT METHOD (Circle One):

DELIVERY INSTRUCTIONS:

PLEASE FILL OUT AND SEND TO

schools@fresherproduce.ca

or return to dedmonds@hnreach.on.ca

Questions? Call 519-539-9333 x7 or email schools@fresherproduce.ca