STUDENT NUTRITION PROGRAM

DELIVERY APPLICATION

DATE: _____

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____POSTAL CODE: _____

SCHOOL PHONE: _____CELL PHONE (if applicable): _____

CONTACT NAME(S): _____

CONTACT EMAIL(S): _____

A/R CONTACT: _____

A/R CONTACT EMAIL/PHONE: _____

SELECT PAYMENT METHOD (Circle One): CHEQUE/ DIRECT DEPOSIT

DELIVERY INSTRUCTIONS: _____

_____

CDWs, Please complete with your SNP and send to
schools@fresherproduce.ca and cc dbeckels@hnreach.on.ca