



3300 Route 66, Neptune NJ 07753
 Tel: 732-918-2600
 Fax: 732-918-2660
 kmcmahon@foodbankmoc.org



2009 School Holiday Hunger Challenge Registration Form

PLEASE PRINT clearly: Date of Application: _____

School Name: _____

School Address: _____ City: _____ Zip: _____

Principal's Name: _____ School Phone: _____

School Fax: _____ School Website address: _____

Designated Holiday Hunger Challenge Coordinator:

Mr./Mrs./Ms. Last Name: _____ First: _____

Contact Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Email is a required field and will not be shared with any third party.

***School Type** (check): Elementary _____ Intermediate _____ High School _____

***Number of students:** Elementary _____ Intermediate _____ High School _____

We would like to participate in the Holiday Hunger Challenge Food Drive and have received the approval of relevant school authorities. By participating in the 2009 School Holiday Hunger Challenge, we agree to be bound by the rules and all decisions of The FoodBank of Monmouth & Ocean Counties, which are final, binding and conclusive in all matters.

Signature of Holiday Hunger Challenge Coordinator, as designated above:

 DATE: _____

Principal's Signature: _____ DATE: _____

Principal's email: _____

Please provide us with the names and details of your local newspapers.

Name: _____ Contact name: _____