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# KIDS CHANGE HUNGER

## School Registration Form

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### REGISTRATION FORM

PLEASE PRINT clearly:

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_ Ext \_\_\_\_\_

School Fax: \_\_\_\_\_ School Website address: \_\_\_\_\_

### \*TEACHER/CLASS/PARENT (PTA) CONTACT INFORMATION:

Mr./Mrs./Ms. Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Grade \_\_\_\_\_ Number of students \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

\*Signature of CONTACT PERSON as designated above:

\_\_\_\_\_ DATE: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Principal's email: \_\_\_\_\_

**Fax to ATTENTION KATE: 732-918-2660**

