



WAREHOUSE & MAIN OFFICE
 Hunts Point Co-op Market, 355 Food Center Dr., Bronx, NY 10474 t: 718-991-4300 f: 718-893-3442
MANHATTAN OFFICE
 90 John Street, Suite 702, New York, NY 10038 t: 212-566-7855 f: 212-566-4163

Food Pantry Participant Sign in Sheet

Agency Name: _____

DAILY TOTALS:

Date _____ Page _____ of _____

Age Groups:

Child: Guest aged up to 17 years:	List number in Column C
Adult: Guest aged 18-64 years:	List number in Column A
Senior: Guest age 65 or more:	List number in Column S

Children: _____

Adults: _____

Seniors: _____

Family Size – List the total number of household members who will receive food

Name – Please sign your name. Your signature is confidential.	#C	#A	#S	Total # in Household
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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19.				
20.				