Table of Grace Food Pantry Registration Form

Please fill out form, print and bring in to the Table of Grace with an ID for everyone in the household and a current utility bill or other proof of address.

TOG ID #_____

Name *

First Name Last Name

Email

example@example.com

Address *

Address verified by staff (Initials) _____

Street Address

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Financial Data (State income for all household members) *

	Monthly Gross Income	Source/s
Self		
Spouse/Partner		
Other household member		
Other household member		
Other household member		

Please list all people living in the home *

	First Name	Last Name	Age	Sex	DOB	ID Verified
Self						
Spouse/Partner						
Child/Other						
Child/Other						
Child/Other						
Child/Other						
Child/Other						
Child/Other						

I understand that this food pantry is to be used as an emergency resource only and is meant to supplement additional assistance or resources that I may receive. *

- ☐ Yes, I understand
- ☐ No, I do not understand

I will not sell the food or non-food products or exchange /barter food or non-food products for services. *

- ☐ I agree
- ☐ I disagree

Food is provided on a First Come, First Served basis and I relinquish Table of Grace of all liability of any nature whatsoever and accept the food "AS IS" and at my own risk. *

- ☐ I agree
- ☐ I disagree

Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior will result in the suspension or termination of my privileges at Table of Grace. *

- ☐ I agree
- ☐ I disagree

Signature

_____

Date

Month Day Year