

Friend to Friend Food Pantry Registration/Renewal Application

Last Name	First I	Name		
Address (Street and Mailing, if different	ent)	East Gra	nby, CT 06026	
Home Phone	Cell Phone	Email Address		
List Any Food Allergies				
Please provide the names of al Friend Food Pantry.	l individuals in your home t	that will be using food from the F	riend to	
FULL NAME	DATE OF BIRT		RELATIONSHIP TO YOU	
toward volunteers of Friend to I agree to attend the Friend to	Friend and the staff member Friend Food Pantry in a drugave the premises immediate	Pantry and behave in a respectful pers of the East Granby Congregat ug-free, alcohol-free state. If I do r tely. I understand that if a second i iend to Friend Food Pantry.	ional Church. not abide by	
Participant's Signature		Date		
_	-	Pantry Number		
Additional Information				
Incidents				
Director of Social Services, East	Granby Date			