

Note: Ensure DATE is filled out accurately for each page

Food Pantry Participant Sign In Sheet

Agency Name: _____

DAILY TOTALS: _____

Date: _____

Page _____ of _____

Children: _____

Adults: _____

Seniors: _____

Age Groups:

Child: Guest age 17 or less:

Adult: Guest age 18-64 years:

Senior: Guest age 65 or more:

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

Name - Please sign your name. Your signature is <i>confidential</i> .	# Children (niños #)	# Adults (adultos #)	# Seniors (adultos mayores de la #)	Signature (la firma)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				

Totals: _____