



2023 Registration

Please print.

Name _____

Address _____

Town _____ State _____ Zip _____

Phone () _____ Email _____

Who is in your household?

	Gender	Date of Birth MM/DD/YYYY	Over 65?	Under 19?
1				
2				
3				
4				
5				
6				
7				

I accept these donated items under the Emerson Good Samaritan Act and release from liability, and hold harmless, the Hinckley Area Food Pantry, their volunteers, donors and suppliers.

Signature: _____ Date: _____

For HAFP use only:

Photo ID _____ Insurance Form _____

Utility Bill _____ Other _____

Signature: _____ Date: _____