

Thank you for participating in the CBC Sounds of the Season School Challenge and for joining the fight to end hunger in your community.

PLEASE ATTACH A FORM TO EACH BAG, BOX OR BIN OF FOOD COLLECTED BY YOUR SCHOOL.

SCHOOL NAME:

SCHOOL CONTACT:

SCHOOL TELEPHONE:
TO BE COMPLETED BY FOOD BANK
DATE RECEIVED:
RECEIVED BY:
WEIGHT (lbs):