



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):