



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.

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| SCHOOL NAME: |
| SCHOOL CONTACT: |
| SCHOOL TELEPHONE: |

TO BE COMPLETED BY FOOD BANK

| |
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| DATE RECEIVED: |
| RECEIVED BY: |
| WEIGHT (lbs): |