

MilitaryShare – Roots for Boots

Primary Household Contact: _____

Verified Military _____

Address: _____

Phone No: _____

Cell No: _____

Email Address: _____

Please list the total number of people in the household in the following age categories:

_____ 0 – 17 years of age

_____ 18 – 59 years of age _____ 60+ yrs of age

I understand that I am receiving this food at my own risk and will not hold the Central PA Food Bank or its member agency responsible for any reason for any food received through this food distribution program. I understand that there are no payments or donations required for the food. I agree that I will not sell or exchange for property or services any food that I receive.

With my signature, I confirm that all of the information recorded on this form is correct and that if I have any questions, they have been answered to my satisfaction.

Please sign above

