



Date: _____

Slow Cooker Program Registration Form

Name: _____ Date of Birth: _____

Address: _____

Postal Code: _____ Phone/Cell: (780) _____

Are you a Food Bank Client? _____ Housing First Client? _____

Worker's Name: _____ Phone #: _____

Food Allergies: _____

Family Size: _____ #of Adults: _____ #of Children: _____

Thank you for registering for the WBFB Slow Cooker Program. You will be contacted with the program start date.

Program Facilitator: **Yvonne Ormson** (780) 743-1125

Fax (780) 743-9156 pf@woodbuffalofoodbank.com

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