

2018 Kids Kan School Registration Form Monday, February 19 – Friday, March 30



School Name:		
School Location Address:		
City, State, Zip:		
Main School Phone: ()		
Main School Fax: ()		
Principal's Name:		
Total number of students enrolled at your scho Please estimate if not 100% sure. We MUST have th	ol: is number to calculate the winners properly.	
Coordinator's Name(s):		
Coordinator's Email(s):		
Coordinator's Phone(s): ()		
This form MUST be returned to Mid-South Food Be from your s	ank to compete for prizes and to have collected school. NO EXCEPTIONS.	d food picked up
Vida Van Caandinatan'a Cianatuna	Vida Van Co Coardinator's Signature	
Kids Kan Coordinator's Signature	Kids Kan Co-Coordinator's Signature (if applicable)	:
Principal's Signature	Date	

Please fax completed form to (901) 528-1172 or scan and emai to David Stephens, Community Relations Manager, dstephens@midsouthfoodbank.org. Questions, call David (901) 497-1153 or email