

Food Ministry Form

Camp Cadiz | June 24-27, 2019



Family Number: _____

Assigned by project leader

Please submit food ministry form to the Little River Baptist Association or email to campcadizky@gmail.com by June 10, 2019.

Prior to submitting, please make sure the recipient is aware & will be home between the hours of 10:30am -12:00 pm June 24-27, 2019

Project Recipient:

Name: _____ Phone: _____

Address: _____

How many are in the household? _____

Food allergies or dietary restrictions? _____

Does the recipient have: ____ refrigerator/freezer ____stove/oven ____ microwave

Please indicate below if there is a day the recipient will NOT need a meal.

Mon 6/24	Tues 6/25	Wed 6/26	Thurs 6/27

Person responsible for submission, phone and relation

CAMP CADIZ USE ONLY PLEASE

Date of follow up call to confirm/remind meal delivery: _____

Name of person making follow up call: _____

Notes: _____
