



in Family: _____

Food Bank Family: _____

Area: _____

Winter Solstice Registration Form

Client Information:

Name: _____

Region: _____

Client Preferred Pronouns: _____

Identity (Inuit, First Nations, Metis, etc.): _____

Address: _____

Email: _____

Phone: _____

House Hold Information:

Total Number of Household Members: _____

Total Number of Adults: _____ Ages: _____

Total Number of Children: _____

Ages of Children: _____

Delivery Details: (Tear off Portion for Delivery)

Household Name: _____

Phone: _____

Address: _____

Total Household

Adult: _____

Children: _____

Will Food be accompanied of Delivery? Yes _____ No _____

Household Wish List Form

**Household
Member 1**

Name:

Age: _____

Wish List:

**Household
Member 2**

Name:

Age: _____

Wish List:

**Household
Member 3**

Name:

Age: _____

Wish List:

**Household
Member 4**

Name:

Age: _____

Wish List:

**Household
Member 5**

Name:

Age: _____

Wish List:

**Household
Member 6**

Name:

Age: _____

Wish List:

**Household
Member 7**

Name:

Age: _____

Wish List:

**Household
Member 8**

Name:

Age: _____

Wish List:

**Please note any allergies, including any
to fragrances.**

Notes:
