



- FOOD PANTRY
- SOUP KITCHEN
- RESIDENTIAL

**Palm Beach County Food Bank
SIGN-IN SHEET**

DISTRIBUTION DATE: _____

AGENCY NAME/NUMBER: _____

*One person per family must **print** their name and fill in the number of people in their household or total number of meals they are receiving. The total **should** include the person signing in.*

Name:	# of People in Household/Meals:	Name:	# of People in Household/Meals:
1. _____	_____	17. _____	_____
2. _____	_____	18. _____	_____
3. _____	_____	19. _____	_____
4. _____	_____	20. _____	_____
5. _____	_____	21. _____	_____
6. _____	_____	22. _____	_____
7. _____	_____	23. _____	_____
8. _____	_____	24. _____	_____
9. _____	_____	25. _____	_____
10. _____	_____	26. _____	_____
11. _____	_____	27. _____	_____
12. _____	_____	28. _____	_____
13. _____	_____	29. _____	_____
14. _____	_____	30. _____	_____
15. _____	_____	31. _____	_____
16. _____	_____	32. _____	_____

TOTAL # OF NAMES: _____ **TOTAL # OF PEOPLE IN HOUSEHOLD/MEALS:** _____

NOTE: Food provided by the Palm Beach County Food Bank (PBCFB) is intended for Palm Beach County residents. PBCFB agrees to uphold and maintain the confidentiality of the information supplied by your agency which includes but is not limited to, client lists of information.