



Interior Community Services

.....enriching lives

COMMUNITY KITCHENS NEW PARTICIPANT FORM

Date Joined:	Emergency Contact:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Doctors name and phone number:

How many adults in your household:
How many children in your household: Will you require childcare:
Are there any food allergies or special diet considerations:
Which area of town do you live in:
Why are you joining the community kitchen:
Any additional comments: