



Meal Packaging Event Information

www.riseagainsthunger.org

Contact Information for Event Organizer

Event Organizer Name			
Street Address			
City, State, ZIP Code			
Work Phone		Home Phone	
Mobile Phone		E-Mail Address	
Preferred Contact Method	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile Phone <input type="checkbox"/> E-mail

Event Information

Organization Name	
Organization Phone	Organization Fax Number
Organization Website	
Event Street Address	
Event City, State, ZIP Code	
Event Date	Event Start Time
Number of Volunteers	Target Number of Meals <i>(minimum 10,000)</i>
Location of Event	
Event Area Accessibility (elevator, stairs, dock, direct access, truck height restriction, etc.)	

Other Information

Please enter any additional information relevant to the packaging event

Please complete this event form, save and return to Spencer Merricks at smerricks@riseagainsthunger.org