SNACK SIGN OUT FORM

Month:

Site Name:

Unduplicated	**0**	*Total number of familes who got at least 1 snack*
Total	**0**	*Total number of snacks given out all together*

Name or Identifier	Week 1		Week 2		Week 3		Week 4		Week 5 (if applicable)		Total
	# Taken	Returned (if applicable)	# Taken	Returned (if applicable)	# Taken	Returned (if applicable)	# Taken	Returned (if applicable)	# Taken	Returned (if applicable)	
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0