SNACK SIGN **OUT** FORM

CARE AND SHARE℠
FOOD BANK FOR SOUTHERN COLORADO
A member of FEEDING AMERICA

Month:

Site Name:

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

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