

**REGISTRATION FORM FOR MEALS ON WHEELS**

STARTING DATE: DAY \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR \_\_\_\_\_

MR. \_\_\_\_\_ MRS. \_\_\_\_\_ Ms: \_\_\_\_\_ MISS: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

\_\_\_\_\_ PHONE #: \_\_\_\_\_

DAYS TO DELIVER MEALS: EVERYDAY \_\_\_\_\_ MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

EXTRA MEALS FOR THE WEEKEND: SAT \_\_\_\_\_ SUN \_\_\_\_\_

REGULAR MEAL \_\_\_\_\_ DIABETIC \_\_\_\_\_ SPECIAL MEAL (PUREE ETC) \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

SPECIAL INSTRUCTIONS FOR VOLUNTEER DRIVER/SERVER: (Leave at door, Knock and enter etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONTACT INFORMATION FOR RELATIVE, FRIEND OR NEIGHBOUR**

CONTACT PERSON: \_\_\_\_\_ SON \_\_\_ DAUGHTER \_\_\_ NEIGHBOUR \_\_\_ FRIEND \_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK \_\_\_\_\_

**BILLING INFORMATION IF DIFFERENT**

SEND TO CLIENT: YES \_\_\_\_\_ NO \_\_\_\_\_

**IF DIFFERENT FROM CLIENT 'S:** NAME OF PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_