FAMILY DINNER PROJECT APPLICATION

CONTACT INFORMATION:

Name:

Email Address:

Phone Number:

Preferred method of communication: Email ☐ Text ☐

FAMILY INFORMATION:

Names of Children | Ages of Children

Please list any food allergies:

FAMILY DINNER HABITS

How often does your family currently have dinner together?

- ☐ Rarely
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ 5 or more times a week

Comments:

What interests you most about signing up for this program?

- ☐ **Having fun preparing food together**
- ☐ **Creating a fun, inviting atmosphere at your family dinner table**
- ☐ **Growing connection in our family by talking about things that matter**
- ☐ **Meeting real farmers**
- ☐ **Planning meals**

Will you commit to attending all four dinners?

- ☐ **September 10**
- ☐ **September 17**
- ☐ **September 24**
- ☐ **October 1**

PARENTAL SIGNATURES:

Parents' Signatures: _____

Date: _____