



GOOD FOOD BOX INFORMATION

Thank you for your interest in the Good Food Box Program with Beaver Valley Outreach (BVO). We are looking forward to another great year of healthy eating.

Pick up dates are the third Wednesday of every month, and are listed here:

September 20, 2017	February 21, 2018
October 18, 2017	March 21, 2018
November 15, 2017	April 18, 2018
December 20, 2017	May 16, 2018
January 17, 2018	June 20, 2018

Pick-Up Place and Time: Beaver Valley Community Centre, Thornbury – 1 pm to 5 pm

- If you are physically unable to pick up your box, please contact Catherine at BVO.

Cost: Individual \$10/month or Family \$15/month

Payment Details:

- When you register, you pay for your first month.
- Payment can be made by cash, cheque or e-transfer at admin@bvo.ca. If you are interested in e-transfer, please talk with Catherine at BVO about options.
- When you pick up your box, you pay for the next month's box.

Cancellation Details:

- If you wish to cancel your involvement in the program or defer your payment to the following month, please contact Catherine by phone [519-599-2577](tel:519-599-2577), ext 26, one week before the pick up date.
- If you do not cancel your box and do not pick it up, it will be donated to someone within our community. This will help us make sure that none of the food ordered is going to waste. The following month you will pay for two months when you pick up your box if you want to continue with the program.

Please complete the Registration Form below and return it to Catherine with the first month payment at our BVO office (64 Bruce Street, Thornbury) by September 13th. If you have any questions, concerns or feedback about the program or need assistance with the cost, please contact Catherine by phone [519-599-2577](tel:519-599-2577), ext 26 or email admin@bvo.ca

Thank you for your involvement in Good Food Box. We look forward to connecting with you each month.

Registration

Name: _____

Phone Number: _____ Email Address: _____

Size of Box Requested: ____ Individual (\$10) ____ Family (\$15)

When I sign below, I am agreeing to the following:

- Payment for the first month of participation in the Good Food Box program.
- If unable to pick up my box, contact Catherine at BVO, one week prior to pick up date.
- If I do not inform Catherine by the deadline and do not pick up my box, my box will be donated that month and I will pay for two boxes the following month as I continue participation.

Participant Signature: _____ Payment Received: _____ Staff Initials: _____