



GOOD FOOD BOX
INFORMATION AND REGISTRATION



Thank you for your interest in the Good Food Box 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 17, 2025, October 15, 2025, November 19, 2025
December 17, 2025, January 21, 2026, February 18, 2026
March 18, 2026, April 15, 2026, May 20, 2026, June 17, 2026

Pick-Up Place and Time: Beaver Valley Community Centre, Thornbury – Noon to 5 pm *BACK ENTRANCE*

Cost: One Size \$22 September ONLY \$25 per Box October-June

Payment Details:

- Register for the full year, \$247.00 (September-June) OR \$25.00 upon registration and monthly.
Payment can be made by cash, cheque (payable to Grey Bruce Good Food Box) or e-transfer at payment@bvo.ca

Cancellation Details:

- If you wish to cancel your involvement in the program or defer your payment to the following month, please contact Janice by phone 519-599-2577, ext 125, 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.

Please complete the Registration Form below and return it to Janice with the first month payment at our BVO office (54 King Street East, Thornbury) by September 4, 2024. If you have any questions, concerns or feedback about the program or need assistance with the cost, please contact Janice by phone 519-599-2577, ext 125 or email volunteer@bvo.ca Thank you for your involvement in Good Food Box. We look forward to connecting with you each month.

Name: _____ Phone Number: _____ Email Address: _____

\$22.00 per box September Only \$25.00 October-June

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 Janice at BVO, one week prior to pick up date.
If I do not inform Janice 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: _____