



2019 Ruby's Pop-Up Pantry Guest Registration Form

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|-------|--|---------------------------------|--|
| Date: | | Location/City of Pop-Up Pantry: | |
|-------|--|---------------------------------|--|

There are no eligibility qualifications for participation.
This registration is required once per calendar year per Pop-Up Pantry.

PLEASE PRINT CLEARLY

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|-----------------|--|--|---|--|--|---|--|--|--|--|--|--|--|--|--|--------|--|--|--|------|--|--|--|--|--|
| First Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | State: | | | | Zip: | | | | | |
| County: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell Phone: | | | — | | | — | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | — | | | — | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | | | | | |

Please include entire email address (i.e., someone@domain.com)

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|---------------------------------|--|
| <u>Total</u> Household Members: | |
|---------------------------------|--|

LIABILITY WAIVER: I WILL NOT hold Ruby's Pantry or their agents or representatives responsible for damages or liabilities incurred as a result of the items or products given to me as a donation. All food and/or items are given to me as is with any and all faults and/or defects as a donation. I understand that the final judgment of quality or suitability for use is with the **person accepting the donation**. This food and/or items are distributed as a donation for personal use only and are **NOT TO BE SOLD UNDER ANY CONDITION**. I am 18 years of age or older. I authorize Ruby's Pantry to use my likeness in a photograph of their publications. Donation is Non-Refundable.

- Notify me of Ruby's Pantry updates by e-mail.
 Notify me of Ruby's Pantry updates by text.

Signature: _____

Date: _____