

### Meal Program Sign-In

**Date:**

| Name or Number<br>(Optional) | Number of Each |       |        | Number of Each |        | Number of Each |       |          |                      |       | New Guest ? (Y or N) |  |
|------------------------------|----------------|-------|--------|----------------|--------|----------------|-------|----------|----------------------|-------|----------------------|--|
|                              | Child          | Adult | Senior | Male           | Female | Black          | White | Hispanic | Asian/Pacific Island | Other |                      |  |
|                              |                |       |        |                |        |                |       |          |                      |       |                      |  |
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