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GOOD FOOD BOX - DEPOT APPLICATION FORM

PLEASE PRINT LEGIBLY

Agency Name: _____

Delivery Address: _____

Postal Code: _____

Phone Number: _____

Contact Name: _____

Fax Number: _____

Email Address: _____

FOR OFFICE USE ONLY:

CONFIRM AREA: _____

CONFIRM ORDER WEEK: _____

Area: Based on location of Depot (check 'GFB Schedule' online or check with CKP Office) _____

Please indicate whether your depot would be for PUBLIC or INTERNAL use: _____

By applying to become a drop-off Depot for the Good Food Box Program, I understand and agree to the following conditions:

- It is the responsibility of the Depot to collect all orders and moneys for the Good Food Boxes.
NO PERSONAL CHEQUES!
- It is the responsibility of the Depot to fax / email the order to the Community Kitchen Program prior to the deadline.
- MINIMUM ORDER OF 5 BOXES
- The Depots must have all moneys ready to hand over to the driver when the boxes are delivered. The person receiving the order is to sign receipt for the boxes.
- It is difficult to estimate delivery time, due to variables beyond our control. However, we can give 20 minutes advance notice by way of a phone call.

Should you require further assistance or have any questions, please feel free to contact
Lorrie at 403-538-7386 or Ian at 403-538-3780 or gfb@ckpyyc.ca