



Arms Outstretched Ministry, Inc.

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Meal Distribution Registration Form

Please fill out form and bring it with you to be sure you receive a package.

****DO NOT email, or fax form, you MUST bring it with you on the day of pick-up.****

Name: _____
Last Rank First MI

Email: _____

Spouse: _____
Last First MI

Spouse's Email: _____

Phone: (1) _____ (2) _____

Ages of Children: Boy(s) _____ Girl(s) _____

How will receiving these meals benefit your family?

Last, First (Signature)

Last, First (Print Name)

We look forward to meeting you at the next distribution!
DON'T FORGET THIS FORM!