

SUMMER FOOD SERVICE PROGRAM
Site Information

Name of Organization/Site_____

Phone#_____ Fax#_____ E-Mail_____

Full Address_____

City_____ Zip Code_____

Contact Person/Title_____



Type of Site (check one)

Recreation Center Church Youth Program Summer Camp

Park Site School Child Care Center

Maximum Capacity of children this site can serve_____.

Please list below all staff that will be involved with SFSP service at your site. These are the people who **MUST** attend Xposure Youth Foundation's training.

Site Supervisor_____

Assistant_____

Names of all other staff:

