

2011 Kids Helping Kids  
INTENT TO PARTICIPATE FORM  
(Please print or type)

Name of School: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's E-mail: \_\_\_\_\_

Kids Helping Kids Coordinator's Name: \_\_\_\_\_

Coordinator E-mail: \_\_\_\_\_

Coordinator position (i.e.: guidance counselor, teacher, parent, or administrator):  
\_\_\_\_\_

School Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Preferred method for communications:  
 e-mail     School Phone     Other Phone

School Address: \_\_\_\_\_  
\_\_\_\_\_

County (for Baltimore specify city or county): \_\_\_\_\_

\*Location for pick-up (i.e. loading dock, cafeteria): \_\_\_\_\_

Will food donation be going to the Anne Arundel County Food Bank:     Yes     No  
If no, what is the agency's name: \_\_\_\_\_

Contact number of local agency: \_\_\_\_\_

Contact name of local agency: \_\_\_\_\_

\*Please note: Food MUST be boxed and easily accessible on the ground floor.\*

Food will be picked up one – two weeks after the drive ends. A copy of a tentative schedule of food pickups in Anne Arundel County is available on our Anne Arundel County Food Bank website – [aafoodbank.org](http://aafoodbank.org). **Please look up your school and notify Ben Brown (410-923-4255) if it is not listed.** Schools will be notified of any changes that may be required. .

**Please return this form to:**

Ben Brown

Anne Arundel County Food Bank

P.O. Box 650, Crownsville, MD 21032

Fax: 410-923-4256    E-mail: [ben@aafoodbank.org](mailto:ben@aafoodbank.org)