RATIONS FOR THE RANKS

A BRANCH OF ROOTS FOR BOOTS

www.rootsforboots.com

Please print clearly to complete the registration form

Service verified (DD214, Military ID, or VA Card)

Initial _____

Date _____

Veteran Contact Name _____

Veteran Spouse Name _____

Address _____

Street Address

_____ _____ _____

City *State* *Zip Code*

POC/Phone Number _____

Email Address _____

Please list total number of individuals in the household using the age categories :

0-17 ☐

18-59 ☐

60+ ☐

I understand that I am receiving this food at my own risk and will not hold Roots for Boots or any of its partners responsible for any reason for any food received through the Rations for the Ranks program. I understand there are no payments or donations required for food. I agree I will not sell or exchange the food for any property or services I receive.

By signing below, I confirm that all information recorded on this form is correct and that if I have questions, they have been satisfactorily answered.

_____

Please sign above

In my absence, _____
is authorized to pick up my Rations for the Ranks distribution and deliver it to me.

r4boots@gmail.com 717-316-0155 PO Box 213, New Oxford PA 17350