



Registration Form

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____ Preferred Language: _____

Number in Household: _____

Gender (Circle): Female Male

Proof of Residency (Circle One): Drivers License Mass ID Utility Bill Apartment Lease

Do you receive any of the following benefits (Circle which ones apply)

WIC

Fuel Assistance

Head Start

Welfare

Food Stamps/SNAP

AFDA

SSI/SSD

Veteran's Aid

Other Household Members:

Name	Relationship	Gender (circle)	Date of Birth	School Attending (if applicable)
		M F		
		M F		
		M F		
		M F		
		M F		

Are you Disabled (circle): YES NO

Are you Employed (circle): YES NO

Are you a Veteran (circle): YES NO

Which categories describe the members of your family? Mark all that apply (optional):

- White
- Hispanic, Latino, or Spanish origin
- Black or African American
- Asian
- American Indian or Alaskan Native
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- Some other race, ethnicity or origin

Annual Household Income (Please circle ONE):

- | | | |
|---------------|---------------|------------------|
| 0-34,000 | 44,501-55,000 | 65,401-74,850 |
| 34,001-44,500 | 55,001-65,400 | More than 74,851 |

Guest Contract:

By signing up with the Arlington EATS Market you have agreed to follow these rules:

1. No cutting in line.
2. No saving spots in line. Bags or carts cannot be used to hold your place in line.
3. You must be respectful of other guests and volunteers.
4. You may visit the Arlington EATS Market once a week (Wednesday AM or PM).

Those who break these rules will lose privileges.

Signature: _____

Date: _____