**Meal Delivery Service** - **Registration form**

Please fill out all details below and once completed, please return:

Email: [freemancourt@habitat.org.nz](mailto:freemancourt@habitat.org.nz)  
Post to: 387 Roche St, Te Awamutu, 3800

If you have any questions, please phone (07) 871 5260.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client details:** | | | | | | |
| First name |  | | Last name |  | | |
| Title | Mr - Mrs - Ms - Miss | | Phone |  | | |
| Phone |  | | | | | |
| Delivery address and instructions |  | | | | | |
| NOK/Neighbour/Carer contact details |  | | | | | |
|  | | | | | | |
| **Account details:** | | | | | | |
| Name for account: |  | | | Phone | |  |
| Address for account: |  | | | | | |
| Account paid by (Chq/AP/Cash/IB) |  | | | | | |
|  | | | | | | |
| **Meals information** | | | | | | |
| Number of days p/wk required: | | Mon Tues Wed Thur Fri | | | | |
| Special diet requirements i.e.  Diabetic/Allergies/Intolerances | |  | | | | |
| Start date: \_\_/\_\_/\_\_ | |  | | | | |
| End date: \_\_/\_\_/\_\_ | |  | | | | |
| Notes | | | | | | |
| Referred by: | | | | | Date: | |