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

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

Email: freemancourt@habitat.org.nz
Post to: 387 Roche St, Te Awamutu, 3800

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

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| --- |
| **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: |