

Family Name: _____

FOOD EXCEPTIONS

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION

**Please check here if you wish to receive all categories of food we provide
OTHERWISE PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:**

*If you **do not** desire to receive any food items listed,
please indicate by placing an "X" in the block next to the item.*

Frozen Turkey
Fresh Milk
Fresh Butter
Fresh Potatoes

Fresh Oranges
Canned Goods
Boxed Items
Bagged Items

I understand that the Santee Santos Foundation will make every effort to ensure I do not receive any of the items listed above. Furthermore, I understand that Santee Santos does not and will not provide any other types of food.

Applicant Signature: _____

Date: _____