

I.C.A.N. Local Food Program Sign-in Sheet

L.F.P. _____ Date: _____

○ Contact Person: _____ Phone: _____

PLEASE PRINT!!

| NAME | PHONE | NAME | PHONE |
|-------|-------|------|-------|
| 1. | | 25. | |
| 2. | | 26. | |
| 3. | | 27. | |
| 4. | | 28. | |
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| 10. | | 34. | |
| ○ 11. | | 35. | |
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| 21. | | 45. | |
| 22. | | 46. | |
| 23. | | 47. | |
| ○ 24. | | 48. | |