



Phone: 604-299-5754
Fax: 604-299-3755

Address: 2055 Rosser Avenue, Burnaby, BC, V5C 0H1
Website: www.mealsonwheels-burnaby.com

CLIENT REGISTRATION FORM

Client Information

First Name: _____ Last Name: _____
 Address: _____ Apt. _____ Burnaby, BC Postal Code _____
 Buzzer#: _____ Phone: _____ Birth Date(M/D/Y): _____
 Delivery Instructions: _____

Emergency Contact Information (required)

First Name: _____ Last Name: _____
 Address: _____ Apt. _____ City: _____ Prov. _____ Postal Code _____
 Daytime Phone: _____ Relationship: _____
 Email Address: _____

Meal Delivery Schedule

Please indicate number of meals required beside your choice(s) for each day.

Start Date: _____ (office use) *(Note: Breakfast is Frozen)*

Monday	Wednesday	Friday
Chinese: _____ x \$6.75	Chinese: _____ x \$6.75	Chinese: _____ x \$6.75
Western Hot: _____ x \$6.75	Western Hot: _____ x \$6.75	Western Hot: _____ x \$6.75
Vegetarian: _____ x \$6.75	Vegetarian: _____ x \$6.75	Vegetarian: _____ x \$6.75
Frozen: _____ x \$6.10	Frozen: _____ x \$6.10	Frozen: _____ x \$6.10
Bag Lunch: _____ x \$3.85	Bag Lunch: _____ x \$3.85	Bag Lunch: _____ x \$3.85
Breakfast: _____ x \$6.10	Breakfast: _____ x \$6.10	Breakfast: _____ x \$6.10
Juice: _____ x \$0.50	Juice: _____ x \$0.50	Juice: _____ x \$0.50
Total: _____	Total: _____	Total: _____

Total two week advance payment \$ _____ (non-refundable) Please provide cheque or call our office to pay by Credit Card.

Are you interested in our **Let's Do Lunch Program**? This program is a chance to have a visit from a friendly volunteer who will sit and have lunch with you once a month. Yes No

Why are you starting this service? _____

How did you hear about Burnaby Meals on Wheels? _____

Fax or Mail completed form to: Burnaby Meals on Wheels
 2055 Rosser Avenue, Burnaby, BC V5C 0H1 Fax: 604-299-3755