



# BURNABY MEALS ON WHEELS

**Phone:** 604-299-5754

**Address:** 2055 Rosser Avenue, Burnaby, BC, V5C 0H1

**Fax:** 604-299-3755

**Website:** www.burnabymeals.ca

## CLIENT REGISTRATION FORM

### Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Burnaby, BC Postal Code \_\_\_\_\_

Buzzer#: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date(M/D/Y): \_\_\_\_\_

Email Address: \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

### Emergency Contact Information (required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Contact Name & Phone Number: \_\_\_\_\_

### Meal Delivery Schedule

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

Start Date: \_\_\_\_\_ (office use)

Monday	Wednesday	Friday
Chinese Hot: _____ x \$9.00	Chinese Hot: _____ x \$9.00	Chinese Hot: _____ x \$9.00
Asian Hot: _____ x \$8.00	Asian Hot: _____ x \$8.00	Asian Hot: _____ x \$8.00
Western Hot: _____ x \$8.50	Western Hot: _____ x \$8.50	Western Hot: _____ x \$8.50
Vegetarian Hot: _____ x \$8.50	Vegetarian Hot: _____ x \$8.50	Vegetarian Hot: _____ x \$8.50
Frozen Entree: _____ x \$7.50	Frozen Entree: _____ x \$7.50	Frozen Entree: _____ x \$7.50
Frozen Breakfast: _____ x \$7.50	Frozen Breakfast: _____ x \$7.50	Frozen Breakfast: _____ x \$7.50
Bag Lunch: _____ x \$5.50	Bag Lunch: _____ x \$5.50	Bag Lunch: _____ x \$5.50
<b>Total:</b> _____	<b>Total:</b> _____	<b>Total:</b> _____

**Total two week advance payment \$** \_\_\_\_\_ (non-refundable) Please provide cheque or call our office to pay by Credit Card or e-transfer. We will continue to deliver meals after the 2 week advance payment unless notified.

Why are you starting this service? \_\_\_\_\_

How did you hear about Burnaby Meals on Wheels? \_\_\_\_\_

\*please note that we are closed on all Stat Holidays, Easter Monday and between Christmas & New Years.