



PARTICIPANT REGISTRATION FORM

First Name		Last Name	
Address	Apartment	City	Postal Code
		<u>Burnaby, BC</u>	
Buzzer	Phone	Email	Birthdate (mm/dd/yyyy)
Delivery Instructions			

Emergency Contact (required)		
Full name	Relationship	Contact number and/or email
Alternate Emergency Contact		
Full name	Relationship	Contact number and/or email

Why are you starting this service?

How did you hear about Burnaby Meals on Wheels?

Office Use

Received _____
Start Date _____
Payment type _____



Meal Delivery Schedule

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

Monday	Wednesday	Friday
Chinese Hot: _____ x \$9.95	Chinese Hot: _____ x \$9.95	Chinese Hot: _____ x \$9.95
Western Hot: _____ x \$9.75	Western Hot: _____ x \$9.75	Western Hot: _____ x \$9.75
Vegetarian Hot: _____ x \$9.75	Vegetarian Hot: _____ x \$9.75	Vegetarian Hot: _____ x \$9.75
Frozen Meals: _____ x \$9.00	Frozen Meals: _____ x \$9.00	Frozen Meals: _____ x \$9.00
Total: _____	Total: _____	Total: _____

Total two week advance payment \$ _____ (non-refundable)

Please provide a cheque, completed credit card authorization form, or e-transfer. We will continue to deliver meals after the 2 week advance payment unless notified. Invoices will be sent every month for further payments.

*Please give us 3-5 days to process the first delivery after registration form is received

**We are closed on all Stat Holidays, Easter Monday and between Christmas & New Years

***Cancellations within 3 business days are non-refundable

For more information, please contact us by phone, email or visit our website