

RIDE Child Nutrition Program

Closing a Meal Site

Adding a Meal Site

Sponsor Name: _____ Agreement: _____

Contact Person: _____

Contact's Email: _____ Phone: _____

Closing Meal Site(s)

Sites to be closed

Site #:	Site Name: Site Address:	Last Day of Meal Service
Site #:	Site Name: Site Address:	Last Day of Meal Service
Site #:	Site Name: Site Address:	Last Day of Meal Service
Site #:	Site Name: Site Address:	Last Day of Meal Service

Opening New Meal Site(s)

Sites to be added

Opening New Meal Site(s) Sites to be added			RIDE Only: Site #
Official Site Name	Site Address City ZIP	Date Meals Begin:	
Official Site Name	Site Address City ZIP	Date Meals Begin:	
Official Site Name	Site Address City ZIP	Date Meals Begin:	
Official Site Name	Site Address City ZIP	Date Meals Begin:	

Authorized Person's Signature

Printed Name

Date

Authorized Person's Title