

Kawartha Lakes Food Source

EVENT INFORMATION SHEET

Organization/School/Group/Individual Running Event: _____

Type of Event: _____

Food Drive Contact/Coordinator: _____

Contact Email: _____ Phone Number: _____

Address: _____ Postal Code: _____

Materials Needed: _____ Logo for Marketing _____ Current Needs List

_____ Food Barrel(s) x (#) _____

_____ Boxes x (#) _____

Other: _____

Event Start Date: _____ Event End Date: _____

Do you prefer **PICKUP** or **DELIVERY** of the above needed items?
Circle your preference.

If you prefer **PICKUP**, work with the Community Engagement Coordinator to arrange date/time (volunteer@kawarthalakesfoodsource.com, (705)324-0707).

Do you want your social media post **BEFORE** your event or **AFTER** as a thank you?
Circle your preference.

Do you allow KLFS to use any pictures taken of your event for social media or promotional purposes? Circle your preference. **YES** or **NO**.

Additional Notes About the Event: _____
