

**Summer Feeding Application due 1 week before meal service begins.**

**APPLICATION FOR SUMMER FEEDING PROGRAM**

**OFFICE USE ONLY**

Site Entered	Site Approved	On Calendar	Site No.	Training Complete
--------------	---------------	-------------	----------	-------------------

Site Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Site City: \_\_\_\_\_

Site County: \_\_\_\_\_

Site State: \_\_\_\_\_ Site Zip Code: \_\_\_\_\_

Name & Day Time Phone Number of person in charge of feeding: \_\_\_\_\_

Nearest Pulaski County School: \_\_\_\_\_

Site Mailing Address: \_\_\_\_\_

Site City: \_\_\_\_\_

Site County: \_\_\_\_\_

Site State: \_\_\_\_\_ Site Zip Code: \_\_\_\_\_

Type of Site:

\_\_\_\_\_ Recreation Center \_\_\_\_\_ Park \_\_\_\_\_ School \_\_\_\_\_ Residential Camp \_\_\_\_\_ VBS

\_\_\_\_\_ Other, Specify \_\_\_\_\_

Type of Meals to be served and estimate quantity:

VBS/Other	Beg Date	End Date	Quantity Each Day	Meal Type(s)	Time Meal Begins	Time Meal Ends

\_\_\_\_\_ Other, Specify: \_\_\_\_\_

\*\*Meal Types: Breakfast (BR), Lunch (L), Supper (S), Snack (AM/SN or PM/SN)

**Summer Feeding Application due 1 week before meal service begins.**

Comments: (Specific dates, field trips, special needs, food allergies...)

---

---

Where Will You Feed Children: (i.e.: fellowship hall, picnic area...)

---

---

Site must provide coolers for transporting meals. Will you provide coolers? \_\_\_\_\_

Please note: Coolers cannot be Styrofoam.

Does site have refrigerator for holding meals? \_\_\_\_\_

If you are a park or outside site, where will you feed the children in inclement weather?

---

Give directions to site from Hwy 80 and 27 intersections:

---

---

\_\_\_\_\_ Approximate Miles: \_\_\_\_\_

The state requires volunteers to attend a training session. Would volunteers be able to attend a training session if it were provided free of charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ I have reviewed the Summer Feeding Sponsor Training for 2026.