



**GREATER
CHICAGO
-FOOD-
DEPOSITORY.**

Healthy Student Market – Program Information

School Information

School Name			
Number of Students			
Approximate # of families			

Principal Information

Principal Name			
Phone		Ext.	
Cell Phone Number			
Email			

Primary Coordinator Information

Name			
Title			
Phone		Ext.	
Cell Phone Number			
Email			

Secondary Coordinator Information

Name			
Title			
Phone		Ext.	
Cell Phone Number			
Email			

Distribution Information

Market Space			
Distribution Schedule and Time			

Produce Partner

If you have been contacting a produce partner to pick up any leftover produce, please include your school's partner information here:

Partner Pantry Name			
Contact Name			
Contact Phone			

Breakfast in the Classroom

Please indicate whether your school offers Breakfast in the Classroom:

Participating (yes or no)			
If yes, how many years?			

Print Name: _____ Signature: _____