



## PARTICIPANT REGISTRATION FORM

First Name		Last Name	
Unit	Street Address	City <b>Burnaby, BC</b>	Postal Code
Buzzer	Phone	Email	Birthdate (mm/dd/yyyy)

Delivery Instructions

**Meals on Wheels acts as a wellness check.**

**Would you like volunteers to wait for you before leaving?**     Yes     No

**Emergency Contact (required)**

Full name	Relationship	Contact number and/or email
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**Alternate Emergency Contact**

Full name	Relationship	Contact number and/or email
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### Meal Delivery Schedule

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

***Minimum order of 2 meals per delivery required***

Monday	Wednesday	Friday
* Chinese Hot: _____ x \$11	* Chinese Hot: _____ x \$11	* Chinese Hot: _____ x \$11
* Asian Hot: _____ x \$10.25	* Asian Hot: _____ x \$10.25	* Asian Hot: _____ x \$10.25
* Western Hot: _____ x \$10.25	* Western Hot: _____ x \$10.25	* Western Hot: _____ x \$10.25
* Vegetarian Hot: _____ x \$10.25	* Vegetarian Hot: _____ x \$10.25	* Vegetarian Hot: _____ x \$10.25
Western Frozen: _____ x \$9.50	Western Frozen: _____ x \$9.50	Western Frozen: _____ x \$9.50

**\*Consistency:**     Regular     Cut Up     Puree

**I understand that**

Burnaby Meals on Wheels is a not-for-profit organization, and a volunteer driven service, and accepts that there may be limitations

- ✓ Participants are expected to communicate with volunteers and staff respectfully during all interactions
- ✓ Burnaby Meals on Wheels is closed on all statutory holidays, and between Christmas & New Years  
There will be no deliveries during this time
- ✓ Burnaby Meals on Wheels has a right to cancel deliveries in the case of extreme weather (ex. Snow)
- ✓ Cancellations made within 2 business days are non-refundable
- ✓ Burnaby Meals on Wheels may need to make last minute changes as needed
- ✓ Invoices are sent after months end and meal delivery may be suspended after 2 unpaid invoices.

**I would like to pay by (pick one)**

- Cheque/Cash: Mail or drop off at our office
- Etransfer: Email to [accounting@bbyeservices.ca](mailto:accounting@bbyeservices.ca) with participant name
- Credit card: Please complete credit card authorization form for automatic payment

**I would like my invoice**     Emailed to \_\_\_\_\_     Mailed

**I would like to learn more about**

- In Person Social programs - Come and join various activities at one of our neighbourhood houses
- Caregiver Support - Support for caregivers who are caring for loved ones
- Other - I'd like to learn about other programs offered by BNH

I, \_\_\_\_\_ consent for BNH to share my personal information with other organizations for additional support as needed

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**