



CFFC Registration Form

Company/Organization Name: _____

Contact Person (Food Fight Referee):

Referee's Phone Number: _____

Referee's E-mail Address: _____

Food Drive Location Address: _____

Number of Employees/Members: _____

Desired Date for Food Drive to Start: _____

Desired Date for Food Drive to End: _____

Is your drive collecting food or funds? Food Funds Both

Please provide the date the food should be collected: _____

(Monday-Friday 8:00 a.m. -12:00 p.m., 1:00p.m.-4:00p.m.)

Please send form to:

YSPN: 3 South Old State Plaza
 Springfield, IL 62701

Fax: 217.525.8768

Attn: CFFC

