

Georgia FFA Alumni Food Drive Contest Entry Form

Chapter Name _____

Chapter Advisor _____

Chapter Advisor Cell Phone _____ * *Needed to contact you if your chapter wins so that a representative can go onstage and collect the award money.*

I certify that our FFA Chapter has an organized FFA Alumni Affiliate with dues paid.

Yes No

Alumni Affiliate Name _____

Number of cans (or can equivalents as determined by the receiving food bank) collected and donated to local food agencies

These locally collected cans must be validated by a picture of the collected cans with the FFA Chapter members and Advisor as well a signature on this form by an agent of the receiving organization. **Attach Picture to this form.*

Signatures:

Chapter President _____

Chapter Advisor _____

Agency Receiving the Donation _____

Official Agency Representative _____