



Adopt A Meal Program Application

Name of Group: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Date requested: _____ Meal: _____

Number of people in group: _____ (no more than eight please)

I have read and understood the guidelines pertaining to the preparation of a family meal at the Savannah Ronald McDonald House.

Print name: _____

Signature and date: _____

Return completed form to: Lucy McLaughlin, Ronald McDonald House, 4710 Waters Ave., Savannah, Georgia 31404. FAX 912-350-2309 PHONE 912-350-7641

Admin Notes:

Tour date: _____ Given by: _____

Guidelines reviewed: _____ Group Representative: _____