NEW YORK STATE EDUCATION DEPARTMENT

SUMMER FOOD SERVICE PROGRAM

Registration Form

Sponsors intending to operate in 2005 should complete Section A. Sponsors that do not intend to operate in 2005 should complete Section B. All sponsors must complete Section C.

SECTION A:

The (organization's legal name) _____, LEA Code _____ **intends** to operate a Summer Food Service Program (SFSP) in New York State under the administration of the New York State Education Department during summer 2005. This organization is a(n):

❑ New Sponsor ❑ Experienced sponsor

Sponsor Type:

❑ School ❑ Government ❑ Camp ❑ Non-Profit ❑ National Youth Sports Program ❑ Migrant

Contact Name: _____ Phone Number: _____

Number of sites the sponsor intends to operate: _____ Projected Average Daily Participation (ADP): _____

We are interested in obtaining commodities: ❑ No ❑ Yes
❑ Kosher, please contact the Board of Jewish Education at 212-245-8200
❑ Non-Kosher

We will have ____ person(s) attend SFSP sponsor training workshop number _____ (refer to the training schedule).

We are exempt from SFSP sponsor training,

❑ However, would like to attend session number _____.
❑ And will not attend.

SECTION B:

The (organization's legal name) _____ , LEA Code _____ **does not** intend to operate a Summer Food Service Program (SFSP) in New York State under the administration of the New York Education Department during summer 2005.

Reason(s) for not participating _____

_____

_____

SECTION C:

Authorized Signature: _____ Phone #:( )_____Date:_____

Please return this form via mail **or** fax by **March 17, 2005** to:

Summer Food Service Program
Child Nutrition Program Administration
New York State Education Department
Room 55/119
Albany, NY 12234-0119
Phone: (518) 432-5068
Fax: (518) 432-5069