

RENTON COMMUNITY CO-OP GROCERY GLEAN FORM

Date: _____ Day of Week: _____

Store:			Drivers:		
Produce (Boxes)	Bread (# Items)	Goodies (# Items)	Dairy (Gallons)	Meat (Pounds)	Misc. (Describe)

Store:			Drivers:		
Produce (Boxes)	Bread (# Items)	Goodies (# Items)	Dairy (Gallons)	Meat (Pounds)	Misc. (Describe)

Name of Participant:

Sign in Here:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

Each Participant takes: _____

Comments: