

# Kidsâ€™™ Snack Taste Test Volunteer Form

Parent/Guardian Name

Email Address

Phone Number

Childâ€™™s Name

Childâ€™™s Age

Preferred Date(s) for Volunteering

Allergies or Dietary Restrictions   ☐ Nuts   ☐ Dairy   ☐ Gluten   ☐ Other

Other details or concerns

Comments