

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:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |

Each Participant takes: _____

Comments: