



Weekly Backpack Count Form

Site Name: _____ Week of: _____

Number of backpacks received: _____

Number of backpacks leftover from the previous week: _____

Please tally each backpack given to a child by crossing out one of the numbers below:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112
113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128
129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144

Notes:

By signing below, I certify that the above information is true and accurate:

Signature _____ Date _____

Please submit this form every Friday following distribution:

Fax to 480-780-3715 or Scan & Email to cdavis@stmarysfoodbank.org