

PLEASE RETURN FORM TO BREAD BINDER

Oroweat Bread Glean Participation

Renton Co-Op
P.O. Box 3174
Renton, WA 98056

Date: _____ Drivers: _____

Number of Participants: _____

Instructions: Print your name next to the next available number, AND cross your name off the participation listed printed in the box at the bottom of the form. Take your share of bread up to the posted maximum for each category.

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Drivers, write names of participants in the box below.

Participants:
