



**ADOPT A MEAL / EVENT
PARTICIPATION FORM**

Name of Organization, group or individual _____

Contact person _____ Phone _____

Address _____ City _____ State ___ Zip _____

E-Mail _____

Type of Activity (Please select):

Meal Clean-up Entertainment Donation Games/ Craft Other: _____

If meal, please specify: () Breakfast () Lunch () Dinner

Commitment for meals:

_____ Once a week Day of the week _____

_____ Twice a week Days of the week _____

_____ Every other week Day of the week _____

_____ Once a month Month and day or the month _____

_____ Once a quarter Month and day of the month _____

_____ Once a year Month and day of the month _____

Comments: _____

For Office Use Only: Date Confirmed _____ # in group _____ Name and Number of Contact _____

Thank you for your participation!

Fax form to:

Ronald McDonald House of Miami or Ft. Lauderdale
Attn: House Manager

Miami House Fax: (305) 324-5689
Email: Rmhmiami@rmhcsouthflorida.org

Ft. Lauderdale House Fax: (954) 828-1824
Email: info@rmhcsouthflorida.org