



# Hhoot's Distribution Center

HDC Form #114 (Revised 31Jan24 at 1310)



## Agency Sign-Up Sheet (Please Print) Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Alternate: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address (if any): \_\_\_\_\_

What type of Organization are you? Church | School | Day Care | Youth Center | Community Center | Homeless Shelter | Transitional Housing | Veterans Post | Veterans Housing | Senior Living | Prison/Jail Other \_\_\_\_\_

Whom Do You Serve (circle all that apply): Veterans/Military | ExOffenders | Babies/Infants/Toddlers | Gradeschoolers/Kids | Teens & Young Adults | Adults | Seniors | Homeless/on the Streets | Other \_\_\_\_\_

Best Day & Time You Can Make a Pick-Up						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Closed all-day		Closed Sorting Day				Closed Sorting Day
	AM or PM		AM or PM	AM or PM	AM or PM	
	10, 11, 12, 1, 2		10, 11, 12, 1, 2	10, 11, 12, 1, 2	10, 11, 12, 1, 2	

**WE ARE NOT "OPEN TO THE PUBLIC," and were not a FOOD Pantry or a Clothing PANTRY.**  
**Please Note:** Because of our Insurance Companies Policy, we cannot serve individuals anymore unless an Authorized Agency/Organization accompanies them. NO EXCEPTIONS.

**Under no circumstances are you allowed or authorized to sell anything you receive from HDC for any reason. Doing so will forfeit your right to pick up any future Donations.**

By signing below, you agree to HHOOT's Distribution Center's (HDC) Rules & Guidelines as outlined on our "Posted Signs" and in our "Welcome Letter" given or emailed to you at the signing of this "Agency Sign-In Sheet." You and/or your Organization also agree to; 1) make a minimum donation of \$30.00 per cart, per visit, or 2) you can make your donation monthly by visiting our website at [www.HHOOT.com](http://www.HHOOT.com).

**Please Don't be Greedy & The More You Take, the More You Should Donate**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*You will automatically be added to our email list and sent weekly notices & updates.*

**We need to know the demographics of who and how many people your Organization is serving per month (No Names, Just Numbers)**

**HDC can not serve organizations outside Marion County per our agreement with our Suppliers.**

**We know it is almost impossible to be exact but give us your best estimates.**

Type of Person	Newborn Infants Toddlers	Gradeschoolers & Kids 5-12	Teens & Young Adults 13-21	Adults 21-64	Seniors 65 +	Totals
<b>Groups</b>						
Disabled (civilian)						
Children						
Housed / Sheltered						
Homeless / Streets						
ExOffenders						
Seniors						
Veterans / Military						
Other						
<b>Gender</b>						
Male						
Female						
Other						
<b>Race / Ethnicity</b>						
Caucasian						
African American						
American Indian						
Assassin						
Latino / Hispanic						
Other						