

HHOOT's Distribution Center

HDC Form #121 (Revised 26May21)



Si	gn-l	Up	Sh	eet
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Sign-Up Sheet				Date:					
Name:			Title:						
Alternate:				Title: _					
Agency/Organi	zation:								
Address:									
City:		Sta	te:	_ Zip:					
Organization Phone:			c	Cell:					
Email:									
Web Address (i	f any):								
Additional Information/Instructions:									
Best Day & Time You Can Make a Pick-Up									
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
AM or PM	AM or PM	AM or PM	AM or PM	AM or PM	AM or PM	AM or PM			
10, 11, 12, 1, 2, 3	10, 11, 12, 1, 2, 3	10, 11, 12, 1, 2, 3	10, 11, 12, 1, 2, 3	10, 11, 12, 1, 2, 3	10, 11, 12, 1, 2, 3	10, 11, 12, 1, 2, 3			
Whom Do You Serve: Babies Kids Teens Homeless ExOffenders Seniors Veterans									
Always remember to call at least one hour before heading our way to make sure someone will be here.									
You will automatically be added to our Email list and sent weekly notices & updates.									
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 in our "Welcome Letter" given to you when signing this "Sign-In Sheet."									
Signed:			Title:	D	ate:				