



Mecklenburg First In Families, *a project of InReach*

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Turkey Project Ticket

NAME OF PERSON COMPLETING THIS FORM: _____

Current Address (including city/state/zip): _____

Are you a Mecklenburg County Resident: Yes _____ No _____

Contact phone number: _____

Email address: _____

Name of Individual with a intellectual/developmental disability: _____

Family Size (how many people live in the household)? _____

How many children under 18 years old live in the household: _____

How many adults live in the household: _____

How did you hear about First In Families? _____

By my signature, I agree that all information provided on this form is true to the best of my ability.

X _____
Signature

X _____
Date

PLEASE BRING THIS FORM WITH YOU ON THE 3RD SATURDAY OF NOVEMBER

***The food is for Mecklenburg County Residents Only!**