

Join Our Program



School Name: _____

School Address: _____

City: _____

State: _____

Zip: _____

- School Type:
- Elementary School
 - Middle School
 - High School
 - Other _____

Number of students attending this school: _____

Coordinator name: _____

Coordinator phone: _____

Coordinator email: _____

Please mail to:

Loaves 4 Learning

PO Box 6000

Clear Lake, MN 55319

