

Notification of Share Table

Date: _____

School name: _____

On behalf of my school, I hereby agree to partake in the Share Table Program at my school starting on _____.

To participate in this program, I agree to the following guidelines:

- Post Food and Nutrition Services (FNS) signage
- Adhere to food sharing guidance outlined on our webpage located [here](#).

If this school chooses to discontinue this program, a written termination letter will be provided 10 days prior and emailed to Dianne Hardbower, dmhardbower@fcps.edu.

For questions regarding Share Tables, please contact:

Get2Green - get2green@fcps.edu

Brittany Smith - basmith2@fcps.edu

Principal's Signature: _____