FoodCycler Pilot Program Registration Form

This survey is to gauge community interest to determine if there are enough residents interested to bring the program to the Town. If you wish to participate, please complete this survey and send it to admin@townofkearney.ca

* 1. What is your first and last name?
* 2. What is your email address?
* 3. What is your phone number?
* 4. What is your civic address?

- * 5. What is your postal code?
- * 6. Which FoodCycler model would you like to purchase for your household?
 - O FoodCycler FC-30 (\$150 + Tax)



O FoodCycler Eco 5 (\$300 + Tax)



* 7. I acknowledge that by participating in this pilot program and ob taining a municipally subsidized FoodCycler, I am required to tr ack usage for 12 weeks and complete of a brief exit survey abou t my experience with the program.

M Yes

Done

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