

# CREATE

## CREATE FAMILY MEALS COMMITMENT FORM

*Please Print Legibly*

**County:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**NEA(s):** \_\_\_\_\_

\_\_\_\_\_

We commit to provide \_\_\_\_\_ (# of series in the year – you may request more incentives) series of CREATE Family Meals in our county over the next year. We understand that we must teach a series of at least 4 classes to the same participants (if possible). Aiming for less than 12 families and at least 4 families per series. CREATE family meals is for families, all members who can be there should participate as possible. Families who participate will also be asked to complete a CREATE family meals survey.

*Please have all Food \$ense (SNAP-Ed) county personnel sign this.*

**Supervisor Signature & Date:** \_\_\_\_\_

**NEA(s) Signature & Date:** \_\_\_\_\_

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