# SUMMER APPLICATION/AGREEMENT ADDENDUM or AMENDMENT

**ANY Changes to APPROVED Application information must be sent to**

**Child and Adult Nutrition Services**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | requests to amend our Summer Application/Agreement | | | | | | |
| (sponsor name) | | |  |  | |  |  |  |  |  |
|  | |  | |  | |  |  |  |  |  |
| at |  | | | | | |  | | | |
|  | (site name/s) | | | | | |  | | | |
|  | |  | |  | |  |  |  |  |  |
| We wish to amend: | | | | | |  |  |  |  |  |
|  | |  | | | |  |  |  |  |  |
|  | | **Open sites ONLY –** Accommodation for age/grade groups | | | | NSLP 9-12 | | | | |
|  | |  | |  | |  |  |  |  |  |
|  | | **Justification (explain)** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| --- | --- | --- | --- |
|  |  |  |  |
| Date |  | Signature of Authorized Representative |  |

##### CANS USE ONLY

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_