



Enrollment Form

The School District, Co-op, FSMC, or Group listed below has chosen to participate in the marketing program provided through ClearVu/Foodbuy. This document also authorizes and includes all "parent/child" schools/buildings of the district/coop/FSMC or Group to be included. Please provide program support as of the effective date listed below.

District/Coop/FSMC or Group Name: _____

Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact Address: _____

Contact Email Address: _____

Signature of Authorized Contact: _____

Primary Distributor: _____

(Please include the local or city name of the distributor if it is a national provider)

Secondary Distributor: _____

Today's Date: _____

Termination of Existing Provider, (if applicable)

If the member currently participates in a competing program, the member will terminate their membership and join the ClearVu/Foodbuy program. If you have questions regarding a competing program, please contact ClearVu to discuss.

Current Program Provider: _____

Date of Termination: _____