



**Seeds to Eliminate Hunger Form:**

Name of Growing Project: \_\_\_\_\_

Location: \_\_\_\_\_ Legal Description: \_\_\_\_\_

Closest Dealer: \_\_\_\_\_

Contact Person/Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please sign commitment below)

Fax No. \_\_\_\_\_

Number of acres in Growing Project: \_\_\_\_\_

Seed Requested (bus.):	Souris Oats	_____
	Conlon Barley	_____
	Faller Wheat	_____
	Cardale Wheat	_____
	Gateway Winter Wheat	_____

I \_\_\_\_\_ (Print name) the project coordinator of the Canadian Food Grains Growing Project located at \_\_\_\_\_ will insure that all the production from this growing project will be disposed of in a manner that will insure that this production cannot be used for seeding a future crop.

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

To be filled in by Seed Depot Staff: This form will be returned signed by mail or fax to indicate approval.

The seed for the above project has been approved by Seed Depot Corp. The \_\_\_\_\_ Bushels of Certified \_\_\_\_\_ seed can be picked up at

\_\_\_\_\_ Prior to: \_\_\_\_\_ (date)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_