



## School Services of Montana Co-op Food Purchasing Program Opt-In Form

PO Box 3193, Bozeman MT 59772

[Website: mt-schools.org](http://Website: mt-schools.org)

Please complete this form and return it to SSoM (*return instructions are listed at the bottom of this page*).

**SCHOOL/BUSINESS NAME & DELIVERY ADDRESS:**

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**SCHOOL/BUSINESS NAME & BILLING ADDRESS:**

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**FOOD SERVICE DIRECTOR CONTACT DETAILS:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please note:** By signing and submitting this completed Opt-in Form, you agree that (i) you are authorized, on behalf of the above-referenced organization / business, to opt-in to using the SSoM Co-op Food Program effective immediately, (ii) this program will be your main source of food procurement for your nutrition program, (iii) you will not be charged a fee by SSoM to participate in this program, (iv) you may opt-out of this program in writing at any time (by whomever signed below) and (v) your completed Opt-in Form will automatically roll-over into subsequent school years when/if the contract rolls over, so you will not need to submit a new Opt-in Form annually.

**Signature: FOOD SERVICE DIRECTOR (*or contact person listed above*):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Required Signature: SUPERINTENDENT (or EXECUTIVE DIRECTOR, OWNER, AUTHORIZED REPRESENTATIVE):**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Instructions:**
1. Complete and sign this form (type or print legibly, please). At least 1 signature is required.
  2. Keep a copy of the completed form for your records.
  3. **Email to [ngibbons@mt-schools.org](mailto:ngibbons@mt-schools.org).**