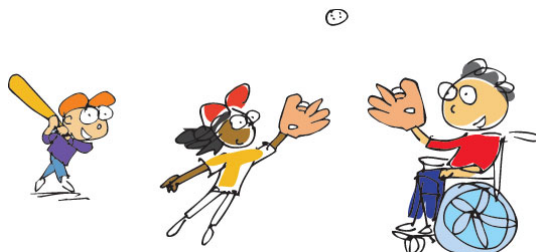


# Summer Food Service Program New Sponsor Information 20\_\_\_\_

<b>Internal Use Only</b>
Approved By _____
Date _____
Sponsor Number _____



Sponsor Name:	
Sponsor Type:	
First Name:	Title:
Last Name:	
Mailing Address:	
City:	Zip:
Payment Address:	
City:	Zip:
Phone Number: (    )       -	
E-mail:	
FEID #:	
Today's Date:     /     /	
Signature:	

Please email, fax, or mail this form to your PSAT representative. If you have any questions please contact your PSAT representative below:

Via e-mail:

[Darlene.fowinkle@fldoe.org](mailto:Darlene.fowinkle@fldoe.org)  
(850)245-9249

[Yashica.ceasar@fldoe.org](mailto:Yashica.ceasar@fldoe.org)  
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**Mail or Fax**

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Summer Food Service Program  
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