

# APPENDIX C: CLASSROOM TASTE TEST DELIVERY SIGN-UP SHEET

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Date of Taste Test : \_\_\_\_\_

Featured Vermont Harvest of the Month Product : \_\_\_\_\_

Taste Test Recipe : \_\_\_\_\_

Ambassador Classroom : \_\_\_\_\_

*Teachers, please sign-up for your preferred delivery time by entering your grade level & name in your desired time slot.*

### CLASSROOM TASTE TEST DELIVERY SCHEDULE

Time Slot 1 _____	Time Slot 2 _____	Time Slot 3 _____	Time Slot 4 _____

Thank you for your help!  
You'll receive a reminder in your mailbox the week of the taste test.