



**Waccamaw EOC, Inc.
2021 Summer Food Program
Best Practices Course Completion Form**

I certify that I have reviewed the 5 courses on the Waccamaw EOC website as required by the Summer Food Program.

Please Print Clearly

Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Phone: _____

Signature

Date