Trinity Village

Clothing Labeling

Please print, complete, and leave this form inside the bag to be left with Screeners.
All laundry that is to be labeled **must be filled out by family/friend** and left with the Screeners.

Date	
Resident Name	
RM. #	
House (circle one)	**OR PW MB CO WG**
# of Items	

Item	Brand	Colour	Size

Family/Friend Name *(please print)*	
Staff receiving *(please Print)*	
Laundry receiving	

The section below is for Staff to complete - Once labeling is completed by LAUNDRY, please sign and date the section below.

_____

STAFF Please print name Date

_____

STAFF Signature