



TO YOUR TABLE MEAL SUBSCRIPTION WINTER 2017 – 10 WEEK SESSION JANUARY 13 – MARCH 19

You will receive the best of First Slice each week AND directly contribute to funding the same high-quality meals for people in need! Join us at the table by completing the following registration and agreement.
Contracts are required from each subscriber for each session.

Name					
Primary Number			Secondary Number		
Address					
City		State		Zip	
e-mail (please write legibly!)					
<i>Please check your subscription size:</i>					
<input type="checkbox"/> Family \$95.00/week (Tax included)		<input type="checkbox"/> Individual \$50.00/week (Tax included)			
<i>Please indicate your payment option:</i>					
FULL SESSION PAYMENT OF:					
FAMILY \$950.00			<input type="checkbox"/>		
INDIVIDUAL \$500.00					
TWO HALF SESSION PAYMENTS OF:					
FAMILY \$475.00			<input type="checkbox"/>		
INDIVIDUAL \$250.00					
10 WEEKLY PAYMENTS OF:					
FAMILY \$95.00			<input type="checkbox"/>		
INDIVIDUAL \$50.00					
IF JOINING MID-SESSION:					
FAMILY \$95.00 X # OF WEEKS			<input type="checkbox"/>		
INDIVIDUAL \$50.00 X # OF WEEKS					
TRIAL WEEK:					
FAMILY \$95.00			<input type="checkbox"/>		
INDIVIDUAL \$50.00					
					First Slice STAFF ONLY:
					Enter Trial Week # here: _____
					Date Payment Received: _____
					Barista Initials: _____
<i>Want to give more? Add your tax-deductible donation here.</i>					
					+
GRAND TOTAL					\$
Date _____					
Signature _____					
By signing I agree to commit to the entire ten week program.					
If I have done a trial week and elect to continue, I commit to the remainder of the session.					
I understand that prorating or customizing is only possible at the time of sign-up.					
Failure to make full and timely payment will result in exclusion from future sessions.					
Date		Circle One: Cash Check	chk #:	Amount:	Received by: (pls initial)
Date		Circle One: Cash Check	chk#:	Amount:	Received by: (pls initial)