



TO YOUR TABLE MEAL SUBSCRIPTION

HOLIDAY 2017 – 5 WEEK SESSION

PICK UP DATES:

TWO WEEKENDS IN NOVEMBER: 3RD – 5TH & 10TH – 12TH
THANKSGIVING BREAK! (DON'T FORGET TO ORDER YOUR PIES!)
 THREE WEEKENDS IN DECEMBER: 1ST – 3RD, 8TH – 9TH & 15TH – 17TH

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!)		

Please check your subscription size:

<input type="checkbox"/>	Family \$95.00/week (Tax included)	<input type="checkbox"/>	Individual \$50.00/week (Tax included)
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Please indicate your payment option:

FULL SESSION PAYMENT OF: FAMILY \$475.00 INDIVIDUAL \$250.00	<input type="checkbox"/>	
TWO HALF SESSION PAYMENTS OF: FAMILY \$237.50 INDIVIDUAL \$125.00	<input type="checkbox"/>	
5 WEEKLY PAYMENTS OF: FAMILY \$95.00 INDIVIDUAL \$50.00	<input type="checkbox"/>	
IF JOINING MID-SESSION: FAMILY \$95.00 X # OF WEEKS INDIVIDUAL \$50.00 X # OF WEEKS	<input type="checkbox"/>	
TRIAL WEEK: FAMILY \$95.00 INDIVIDUAL \$50.00	<input type="checkbox"/>	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 **eight 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)