



To Your Table Meal Subscription WINTER 2020 – 8 WEEK SESSION JANUARY 10TH – FEBRUARY 28TH

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.

*** Signed registration contracts are required from each subscriber for each session. ***

Name		
Primary Number		Secondary Number
Address		
City	State	Zip
e-mail (please write legibly!)		

Select your subscription size:

<input type="checkbox"/> Family \$103.75/week <i>when paid in full</i> <i>(tax included)</i>	<input type="checkbox"/> Individual \$54.75/week <i>when paid in full</i> <i>(tax included)</i>
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please indicate your payment option:

ONE FULL SESSION PAYMENT OF: FAMILY \$830.00 INDIVIDUAL \$438.00	<input type="checkbox"/>	
TWO HALF SESSION PAYMENTS OF: FAMILY \$416.00 INDIVIDUAL \$220.00	<input type="checkbox"/>	
EIGHT WEEKLY PAYMENTS OF: FAMILY \$105.00 INDIVIDUAL \$56.00	<input type="checkbox"/>	
IF JOINING MID-SESSION: FAMILY \$105.00 X # OF WEEKS INDIVIDUAL \$56.00 X # OF WEEKS	<input type="checkbox"/>	
TRIAL WEEK: FAMILY \$105.00 INDIVIDUAL \$56.00	<input type="checkbox"/>	First Slice STAFF ONLY: Enter Trial Week # here: _____ Date Payment Received: _____ Barista Initials: _____

Want to give more? Add your tax-deductible donation here...	+	
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GRAND TOTAL	\$	
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_____ **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)
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