



TO YOUR TABLE MEAL SUBSCRIPTION

EARLY SPRING 2025—7 WEEK SESSION

FEBRUARY 28TH—APRIL 14TH

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 (ONE PER FAMILY)

Primary Number

Secondary Number

Address

City

State

ZIP

EMAIL REQUIRED

LOCATION REQUIRED, Please Circle One: **ANDERSONVILLE** **MANOR** **MONTROSE**

Please check your subscription size:

<input type="checkbox"/>	Family \$140.00/week	<input type="checkbox"/>	Individual \$65.00/week
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Please indicate your payment option:

FULL SESSION PAYMENT OF: FAMILY \$980.00 INDIVIDUAL \$455.00	<input type="checkbox"/>	
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TWO HALF SESSION PAYMENTS OF: FAMILY \$490.00 INDIVIDUAL \$227.50	<input type="checkbox"/>	First Payment Week 1 Second Payment Week 4 - 5
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WEEKLY PAYMENTS OF: FAMILY \$140.00 INDIVIDUAL \$65.00	<input type="checkbox"/>	
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IF JOINING MID-SESSION: FAMILY \$140.00 X # _____ OF WEEKS INDIVIDUAL \$65.00 X # _____ OF WEEKS	<input type="checkbox"/>	<input type="checkbox"/> FULL SESSION PAYMENT <input type="checkbox"/> TWO HALF SESSION PAYMENTS <input type="checkbox"/> WEEKLY PAYMENTS
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TRIAL WEEK: FAMILY \$140.00 INDIVIDUAL \$65.00	<input type="checkbox"/>	First Slice STAFF ONLY: Enter Trial Week # here: _____ Date Payment Received: _____ Barista Initials: _____
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Delivery: If you would like to add delivery, we are able to within 5 miles of either café. Delivery Fee will be \$50 for the session and must be paid in full upon signing up for the session. SATURDAYS ONLY	<input type="checkbox"/> Yes, please deliver <input type="checkbox"/> No, I would like to pick up
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GRAND TOTAL

By signing I agree to commit to either a **trial week** or the entire **seven-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. *

Signature _____ Date _____

Date	Circle One: Cash Check	chk #:	Amount:	Received by: (Pls initial)
Date	Circle One: Cash Check	chk#:	Amount:	Received by: (Pls initial)

*Due to the current Covid-19 Virus, we will be monitoring the news regularly. If we are required to close, and you have paid in full, we will roll the funds over to when we continue the subscriber session.