		TO YOUR TABLE MEAL SUBSCRIPTION						
CONTRACTOR OF THE STATE		Spring 2025 - 5WEEK SESSION						
First	ASlice	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						
PIE	*Cont		following registration and agreement. cts 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:								
□ Family □					Individual			
\$140.00/week				\$65.00/week				
Please indicate your payment option:								
FULL SESSION PAYMENT OF: FAMILY \$700,00								
INDIVIDUAL \$325.00								
TWO HALF SESSION PAYMENTS OF:						First Paymen	t Week 1	
FAMILY \$350.00 INDIVIDUAL \$162.50						Second Payme	ent Week 3	
WEEKLY PAYMENTS OF:								
FAMILY \$140.00 INDIVIDUAL \$65.00								
						G FULL SESSION	PAYMENT	,
IF JOINING MID-SESSION: FAMILY \$140.00 X # OF WEEKS						TWO HALF SESSION PAYMENTS		
INDIVIDUAL \$65.00 X #OF WEEKS						WEEKLY PAYMENTS		
TRIAL WEEK:						First Slice STAFF ONLY:		
FAMILY \$140.00						Enter Trial Week # here:		
INDIVIDUAL \$65.00						Date Payment Received: Barista Initials:		
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					ľ	No, I would	like to j	pick up
full upon signing up for the session. SATURDAYS ONLY							_	
GRAND TOTAL								
By signing I agree to commit to either a trial week or the entire five-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								
Circle One: Cash							Received b	y:
Date	Check				An	iount:	(Pls initial)	
Date	Check					nount:	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.