



# TO YOUR TABLE MEAL SUBSCRIPTION

**SPRING 2026 – 7 WEEK SESSION**

**APRIL 10<sup>TH</sup> - MAY 25<sup>TH</sup>**

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:*

**Family**

\$140.00/week

**Individual**

\$65.00/week

*Please indicate your payment option:*

**FULL SESSION PAYMENT**

OF: FAMILY    \$980.00

INDIVIDUAL    \$455.00

**TWO HALF SESSION PAYMENTS OF:**

FAMILY    \$490.00

INDIVIDUAL    \$227.50

First Payment Week 1

Second Payment Week 4

**WEEKLY PAYMENTS OF:**

FAMILY    \$140.00

INDIVIDUAL    \$65.00

**IF JOINING MID-SESSION:**

FAMILY    \$140.00 X # \_\_\_\_\_ OF WEEKS

INDIVIDUAL    \$65.00 X # \_\_\_\_\_ OF WEEKS

FULL SESSION PAYMENT

TWO HALF SESSION PAYMENTS

WEEKLY PAYMENTS

**TRIAL WEEK:**

FAMILY    \$140.00

INDIVIDUAL    \$65.00

**First Slice STAFF ONLY:**

Enter Trial Week # here: \_\_\_\_\_

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 \$70 for the session and must be paid in full upon signing up for the session. SATURDAYS ONLY**

**Yes, please deliver**

**No, I would like to pick up**

**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.