



MEALS 4 ALL
VI
U.S. VIRGIN ISLANDS

Meal Plan Selection Form

Client Information

First Name: _____ Middle: _____ Last: _____

Home Phone Number: _____ Cel No#: _____

Email Address: _____

Delivery Physical Address: _____

Mailing Address: _____

Primary Contact (if different): _____

Relationship to Client: _____ Cel No#: _____

Meal Plan Selection

Please select ONE weekly meal plan:

7 Meals per Week 4 Meals per Week

Subscription & Payment Schedule

Please select ONE subscription option:

Quarterly Monthly Bi-Weekly

Delivery Acknowledgment

- I understand that a **base delivery fee of \$6.00 per delivery** applies.
- I understand that **additional delivery fees may apply** for remote or hard-to-reach locations and will be communicated in advance.

Client Acknowledgment

I confirm that the information provided above is accurate and that I have selected the meal plan that best meets my needs.

Client / Authorized Signature: _____ Date: _____

COMPLETE & RETURN THIS FORM TO ENROLL OR UPDATE YOUR MEAL PLAN
ONE FORM PER CLIENT