Spoons of HOPE MINISTRY

Feeding Bodies. Sharing Hope. Changing Lives.

MEAL REGISTRATION FORM

Thank you for allowing Spoons of Hope Ministry to serve you.

Please complete this form to register and place your meal order.

IMPORTANT: A new menu is posted every Tuesday.
All meal orders must be submitted by text
no later than 5:00 PM on Thursday.

Meals are available on the 1st, 2nd, and 3rd Saturdays of each month from 1:30 PM to 4:30 PM.

1. PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Preferred Method of Contact:

☐ Phone Call ☐ Text Message ☐ Email

2. HOUSEHOLD INFORMATION

Number of people in your household: _____

Number of meals being ordered: _____

Please select the category that applies:

☐ Senior citizen, age 60 or older
☐ Adult under age 60
☐ Low-income individual or family
☐ Person experiencing homelessness
☐ Person with a disability
☐ Veteran
☐ Other: _____

3. DIETARY AND ALLERGY INFORMATION

Please list any food allergies, dietary restrictions, medical dietary needs, or foods that should be avoided:

_____

_____

_____

Spoons of Hope Ministry will make reasonable efforts to accommodate dietary requests. However, we cannot guarantee that meals are free from allergens or cross-contact.

4. PICKUP INFORMATION

Name of Person Picking Up the Meal: _____

Pickup Person's Phone Number: _____

☐ I will pick up my meal.
☐ Another person will pick up my meal.
☐ I need information about possible delivery assistance.

Transportation or mobility assistance needed:

_____

MEAL ORDER(S)

Please refer to our new menu that will be texted to you and posted on our website spoonsofhope.com.

Please text your meal order(s) to 979.365.2126 no later than 5:00 PM on Thursday.

5. DONATION AMOUNT

☐ Age 60 or older — $15 donation per meal
☐ Under age 60 — $20 donation per meal

Number of Meals: _____

Additional Iced Coffees: _____ x $5

Additional Donation: $ _____

Total Donation: $ _____

Payment Method

☐ Cash ☐ Check ☐ Major Credit or Debit Card
☐ Cash App ☐ Venmo ☐ Other: _____

6. EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

7. OPTIONAL MINISTRY ASSISTANCE

Please check any areas in which you would like additional information or assistance:

☐ Prayer request
☐ Spiritual encouragement
☐ Grocery assistance information
☐ Community resource information
☐ Senior citizen resources
☐ Family assistance resources
☐ Volunteer opportunities
☐ Ministry events and announcements
☐ Other: _____

Prayer Request or Additional Comments

_____

_____

☐ Please keep my prayer request confidential.

8. PARTICIPANT AGREEMENT

By signing below, I confirm that the information provided on this form is accurate.
I understand that:

- A new menu is posted every Tuesday.
- My order must be texted in no later than 5:00 PM on Thursday.
- Meals are prepared based on available food, supplies, volunteers, and donations.
- Menu items may be substituted when necessary.
- Donations help Spoons of Hope Ministry purchase groceries and prepare full-course meals for members of the community.
- Submitting this form does not guarantee that every requested meal, delivery service, or dietary accommodation will be available.

Participant's Printed Name: _____

Participant's Signature: _____ **Date:** _____

SPOONS OF HOPE MINISTRY INFORMATION

PO Box 1415
Clute, Texas 77531
979.365.2126
spoonsofhopeministry@gmail.com
spoonsofhope.com

WAYS TO GIVE

Cash App
$spoonsofhope

Venmo
@spoonsofhope

Debit, Credit & All Major Credit Cards

FOR MINISTRY USE ONLY

Registration Received By: _____
Date Received: _____ Order Confirmed: ☐ Yes ☐ No
Payment Method: _____ Donation Received: $ _____
Special Instructions: _____
Confirmation Sent By: ☐ Phone ☐ Text ☐ Email
Staff or Volunteer Initials: _____

Thank You! for supporting Spoons of Hope Ministry.

"Let all that you do be done in love."
1 Corinthians 16:14 (NIV)