RESTAURANT PARTNERSHIP AGREEMENT

_____
(Restaurant) agrees to participate in Dining Out For Life®
on Wednesday, November 8, 2017.

Our restaurant agrees to the following:

1. Contribute food and beverage sales for November 8, 2017 to Community Research Initiative (CRI).

   Meal(s) to include: ☐ Lunch ☐ Dinner ☐ Late Night _____ (Initials)

   Percentage of sales: ☐ 25% ☐ 33% ☐ 50% _____ (Initials)

   Include alcoholic beverages in donation percentage: ☐ YES ☐ NO _____ (Initials)

2. Send or deliver a check for total donation made payable to Community Research Initiative no later than **December 1, 2017**.

3. Promote restaurant's participation in Dining Out For Life (DOFL). Please check all that apply:
   - ☐ Use DOFL decal in restaurant window
   - ☐ Display DOFL poster at restaurant
   - ☐ Include DOFL promotional cards with diners' checks
   - ☐ Send email to restaurant email listserv
   - ☐ Post to restaurant social media accounts

4. Instruct wait staff, managers, and other restaurant personnel to promote the event to diners.

5. Permit a CRI volunteer ambassador to be in the restaurant during DOFL to thank guests; share information; answer questions; accept contributions; distribute and collect donation/raffle envelopes.

6. Allow CRI to use, without cost or charge, our restaurant's name in web and print materials promoting DOFL.

Community Research Initiative (CRI) agrees to the following:

1. Promote your restaurant's participation in DOFL through direct mail, email, Web, print media/advertising, and social media marketing.

2. Provide periodic communications with your restaurant about DOFL.

3. Assign a trained ambassador to your restaurant who will recruit diners and assist with the event.

4. Highlight your restaurant and its contribution to a great cause in post-event media coverage.

I certify that I am an authorized representative of this restaurant and that I have read and agree to abide by the provisions of this agreement.

_____ _____ /_____ /_____
Authorized Signature (Owner/Restaurant Manager) Date:

_____ _____ /_____ /_____
Michael Corrente, Director of Communications & Development, CRI Date:

RESTAURANT PARTNERSHIP AGREEMENT

GENERAL RESTAURANT INFORMATION

Restaurant Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____

Social Media Accounts: ☐ Facebook: _____ ☐ Twitter: _____

☐ Instagram: _____ ☐ Other: _____

RESTAURANT CONTACT

Owner/Manager Name: _____ Phone: _____

Email: _____

Billing Contact: _____ Phone: _____

Email: _____

RESTAURANT DINER GUIDE INFORMATION

Open for: ☐ Lunch ☐ Dinner ☐ Late Night

Hours: _____ Seating Capacity: _____

Reservations: ☐ Mandatory ☐ Preferred ☐ Not Accepted

Preferred Reservation Method: ☐ Restaurant Website ☐ Opentable.com ☐ Reserve.com ☐ Phone

Price: ☐ $ ($1-$10/person) ☐ $$ ($10-$20/person) ☐ $$$ ($20-$30/person) ☐ $$$$ ($30+/person)

Forms of Payment: ☐ Cash ☐ Visa/MasterCard ☐ American Express ☐ Discover ☐ Other: _____

PLEASE RETURN THIS FORM BY SEPTEMBER 30, 2017

Please return this form to Michael Corrente, Director of Communications & Development

(e) mcorrente@crine.org | (f) 617.502.1701 | (m) 529 Main Street, Suite 301, Boston, MA 02129

For more information, call 617.502.1710