

2016 HUMAN RACE RESTAURANT WEEK



Restaurant
COMMITMENT FORM
For **Businesses**



Yes! We want to participate in the
Human Race Restaurant Week!

Business: _____

Business Contact: _____ Phone #: _____

Email: _____

Nonprofit you are raising funds for: _____

Restaurant: _____

Restaurant Contact: _____

Email: _____ Phone: _____

Address/City: _____

% of proceeds to be contributed: _____% (Proceeds payment to be sent to the Human Race at the Volunteer Center)

Day(s) of Partnership (circle all that apply):

Sun 5/1 Mon 5/2 Tue 5/3 Wed 5/4 Thurs 5/5 Fri 5/6 Sat 5/7

Special Notes / Details of Partnership: (check all that apply to your partnership)

- Flyer required to receive sales credit Proceeds from food only Bar & food OK
- No coupons or discounts applied to sales Good during these times only: _____
- Customers must mention "Human Race" or business name when ordering

Additional Notes: _____

Submit to the Volunteer Center by email: akren@volunteernow.org or fax to 573-3380.

Questions? Contact Amy at the Volunteer Center at 573-3399 x147