2012 DINING OUT FOR LIFE - RESTAURANT AGREEMENT FORM

Restaurant: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Restaurant Phone: _____ Fax: _____

Website: _____ E-mail: _____

Thursday Business Hours: _____ Cuisine: _____ Region: _____

This agreement for participating in the Dining Out for Life event to be conducted on Thursday, April 26, 2012 is between _____(Restaurant), Rural AIDS Action Network (RAAN) and The Aliveness Project, Inc. (Collectively "DOL").

Your restaurant, _____, agrees to:

- Donate to The Aliveness Project/RAAN your designated percentage (**indicate exact percentage on line provided**) of total food and beverage sales on Thursday, April 26, 2012:

  ☐ **Platinum Level (35% and higher): _____%** ☐ **Gold Level (25 - 34%): _____%**

  ☐ **Silver Level (20 - 24%): _____%**

  Check all meals applicable: ☐ **Breakfast** ☐ **Lunch** ☐ **Dinner**

  Check one: ☐ **Food & Beverage Including Alcohol** ☐ **Food & Beverage (no alcohol)**

- Promote Dining Out for Life within the restaurant by hanging posters, and distributing other promotional material provided by DOL **at least** three weeks prior and up to the date of the event.
- On the day of the event, distribute to each patron informational material provided by DOL, including donation/feedback envelopes; ***and*** permit volunteer ambassador(s) at restaurant to thank patrons and answer questions about RAAN.
- Allow restaurant's name and/or logo to be used in promotional materials as per participation level.
- **Submit a check in the amount of restaurant's above-designated donation, made payable to THE ALIVENESS PROJECT** (fiscal manager of event) **by Friday, May 4, 2012**.

The Dining Out for Life Committee (DOL) agrees to:

- Organize the event, including arranging restaurant participation and public relations.
- Promote Dining Out for Life and participating restaurants by placing advertisements in local media, distributing posters, sending a targeted direct-mail promotional postcard to potential diners, and press releases to local media.
- Solicit media and corporate sponsorship.
- Provide promotional materials to restaurants.

Restaurant Representative's Signature: _____ Date: _____

RAAN Representative's Signature: _____ Date: _____

PLEASE RETURN YOUR COMPLETED FORM TO:

RAAN – Attn: Charles Hempeck, 300 East St. Germain St., Suite 220, St. Cloud, MN 56304

www.raan.org Tel: 320.257.3036 Fax: 320.257.3038

***Or register online at* http://www.aliveness.org/dol-restaurant**