

CRISIS CONTROL MINISTRY
Hope du Jour

PARTICIPATION AGREEMENT FORM—MAY 6, 2008

Restaurant Name:

Restaurant Owner/Contact Person:

Phone:

Fax:

Street Address:

City, State, Zip:

Restaurant Address (if different from above):

Restaurant Phone: _____ Fax: _____ Web Site: _____

Email Address: _____ Open: () Breakfast () Lunch () Dinner

Number of Table Tents Needed: _____ Number of Posters: _____ Number of Buttons: _____

Please use separate forms to sign up additional locations.

I agree to send 10% of my restaurant's gross receipts on May 6, 2008, as a donation to Crisis Control Ministry within 30 days of the event.

Signature

Title

Date:

Mail to:
Crisis Control Ministry
200 East Tenth Street
Winston-Salem NC 27101

Fax to:
336-770-1625

**Presenting
Sponsor**

