

CRISIS CONTROL MINISTRY
Hope du Jour™

TUESDAY, MAY 1, 2012

PARTICIPATION AGREEMENT FORM

Restaurant Name: **Open:** Breakfast Lunch Dinner **Catering:** Yes **On-site Meeting Space:** Yes

Restaurant Owner/Contact Person:

Phone:

Fax:

Street Address:

City, State, Zip:

Restaurant Phone: _____ **E-mail:** _____

Website: _____ **Facebook:** _____

Promotional materials will be delivered mid-April. Please indicate total number needed of these items:

Table Tents: _____ **Posters:** _____ **Buttons:** _____

Please use a separate form to sign up additional restaurant locations.

As a Hope du Jour participant, I agree to donate 10% of my restaurant's gross receipts on May 1, 2012. I will send the proceeds within 30 days, no later than June 4, 2012, as a donation to support the work of Crisis Control Ministry.

Signature

Title

Date

Mail to: Crisis Control Ministry, Attn: Judie Holcomb-Pack, 200 E. Tenth Street, Winston-Salem, NC 27101

Fax to: 336-770-1625 **E-mail:** Jholcomb-pack@crisiscontrol.org

www.hopedujour.org