



DINING OUT FOR LIFE

GREATER PALM SPRINGS

THURSDAY, APRIL 27

DAPHEALTH.ORG/DOFL

Dining Out For Life® Participating Establishment Partner Agreement – Thursday, April 27, 2023

YES! _____ agrees to participate in Dining Out For Life on **THURSDAY, APRIL 27, 2023.**

We will be contributing 33% 50% 60% 75% 100% percentage of total gross; food, beverage & alcohol sales for (check all that apply)

- All Day from _____ to _____
- Breakfast from _____ to _____
- Lunch from _____ to _____
- Dinner from _____ to _____
- Other from _____ to _____

AS A PARTICIPANT, THE ABOVE NAMED ESTABLISHMENT AGREES TO:

1. Contribute the above named percentage of gross food, beverage and alcohol sales for meals on the day indicated.
2. Allow DAP Health and its sponsors to use this establishment's name, location, phone number, and website in materials promoting the event.
3. Encourage and educate all staff to promote Dining Out For Life (DOFL) in weeks leading up to the event.
4. Use all marketing materials in your establishment provided by DAP Health to promote DOFL.
5. Allow an Ambassador in your establishment to talk with diners and collect donation envelopes. Please provide times that Ambassadors are most needed in your establishment.
Breakfast _____ Lunch _____ Dinner _____
6. Send a check made payable to DAP Health for the designated percentage of gross sales no later than Friday, **May 12, 2023**. If you would like to make other payment arrangements please do so in advance. Contact Bruce Benning at BBenning@daphealth.org.
7. Please note a change in management does not void the contract.
8. Contract must be returned before Friday, **March 31, 2023** to be included in print materials.

Establishment Name as you would like it listed in materials: _____

Establishment E-mail for correspondence and marketing efforts: _____

Establishment Address: _____

Establishment Phone: _____

Authorized Representative and Title (Please Print) _____

Authorized Representative Signature: _____ Date: _____





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DAP Health WILL:

1. Provide high quality marketing materials for use in your establishment.
2. Develop a comprehensive advertising campaign to ensure the highest rate of return for your investment through print, electronic and social media outlets.
3. Provide one year of exposure on the Dining Out For Life national website.
4. Provide communication about DOFL before event and provide Ambassadors during event.

ESTABLISHMENT INFORMATION FORM

Please complete/update this page to ensure we have all contact info and establishment details correct.

OWNER/MANAGER INFORMATION:

Name of Owner/Manager: _____

E-mail: _____

Contact Phone: _____

ADDITIONAL ESTABLISHMENT INFORMATION:

Number of Tables: _____

Cuisine: _____

Web Address: _____

Facebook: _____

Twitter: _____

Instagram: _____

Open Table: _____

Yelp: _____

