

**RELAY FOR LIFE**  
**“STICK A FORK IN CANCER”**  
2016 Restaurant Agreement



Both parties agree to fulfill the terms stated below.

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Restaurant Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of participation:  12/5  12/6  12/7  12/8  12/9  12/10  12/11

Percentage Give Back:   1-Fork (10%)   2-Fork (20%)   3-Fork (30% +)

Which Relay For Life event should receive credit for your donation: \_\_\_\_\_

*Which Team participating in this event should receive credit for your donation?* \_\_\_\_\_

Multiple Locations Participating:  Yes (Please see page 2)  No

The American Cancer Society will provide you with Table Tents: How many would you like? \_\_\_\_\_

**Important Information:**

- This agreement must be signed and returned, along with your company logo (jpeg or eps), by **Thursday December 1<sup>st</sup>, 2016** to receive full amenities based on your selected percentage of give back. *(Please refer to the restaurant amenities chart for full details)*
- Mail your tax-deductible donation check (made payable to American Cancer Society) to your local American Cancer Society office listed below by **Monday December 19<sup>th</sup> 2016**.
- The American Cancer Society will mail a donation acknowledgment letter to include our 501(c)3 tax-deductible information.

**Contact Information:** **Email:** Austin.DeSavino@cancer.org  
**Phone:** 973.285.8028  
**Fax:** 973.285.8140  
**Mail:** Attn: Stick a Fork in Cancer  
7 Ridgedale Ave  
Cedar Knolls, NJ 07927

\_\_\_\_\_/\_\_\_\_\_  
Authorized Signature of Company Representative Date

**RELAY FOR LIFE**  
**“STICK A FORK IN CANCER”**  
2016 Restaurant Agreement – Additional Locations



*Please complete this page if additional locations will participate on the same day at the same level as the restaurant listed on page 1. If additional locations will be different, please complete a separate page 1 for each.*

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Restaurant Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which Relay For Life event should receive credit for this additional location's donation: \_\_\_\_\_

*Which Team participating in this event should receive credit for your donation?* \_\_\_\_\_

The American Cancer Society will provide you with Table Tents: How many would you like? \_\_\_\_\_

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Restaurant Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which Relay For Life event should receive credit for this additional location's donation: \_\_\_\_\_

*Which Team participating in this event should receive credit for your donation?* \_\_\_\_\_

The American Cancer Society will provide you with Table Tents: How many would you like? \_\_\_\_\_

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Restaurant Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which Relay For Life event should receive credit for this additional location's donation: \_\_\_\_\_

*Which Team participating in this event should receive credit for your donation?* \_\_\_\_\_

The American Cancer Society will provide you with Table Tents: How many would you like? \_\_\_\_\_