

SEACOAST FINE DINING CLUB

1500A Lafayette Rd, #175

Portsmouth, NH 03801

603-292-5093

info@seacoastfinedining.com

RESTAURANT PARTICIPATION AGREEMENT

Date _____

I/We _____ owner/
of _____ agree to be a participating restaurant in Seacoast Fine Dining Club beginning _____. I agree to participate for a minimum of 18 months from the beginning date, after which I may cancel with 60 days written notice to Seacoast Fine Dining Club. As a participating restaurant, I agree to give one entrée of equal or lesser value free or discounted to each party of two who present a Seacoast Fine Dining Club card as noted below. I understand that two cards may not be used for a party of three. I also understand that while it is club policy that the card may be used once at each establishment, I may at my option, choose not to punch or mark the card to encourage return visits.

I further agree that Seacoast Fine Dining Club may use the name of my restaurant and it's logo in any advertising to promote membership.

I understand a brief description of my restaurant's unique qualities and location will appear in a directory issued to each member. The directory will also state that the card is not valid on major holidays as outlined in the member directory unless I state otherwise in my description.

RESTAURANT DESCRIPTION: Please email a text file with info. Refer to sample pages enclosed
(Please provide as text file via email or menu, etc.. 85-90 words maximum)

WEBSITE URL: _____

DISCOUNT OFFER: 2 for 1 Entrée (Lesser priced entrée free when 2 people dine, Recommended)
(select one) Maximum Discount: _____

CREDIT CARDS: MC/VISA AMEX Discover Diners Club _____

GRATUITY POLICY: ___% added to bill before discount. Customer's option

HANDICAPPED ACCESSIBLE: Yes No Limited access—inquire

CARD VALID:

B=Breakfast D=Dinner
BR=Brunch C=Closed
L=Lunch NA=Not Accepted

Season	Sun	Mon	Tue	Wed	Thu	Fri	Sat
June 15—Sept. 15							
Sept 16—June 14							

Hours: _____

EXCEPTIONS: _____

RESTAURANT: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

OWNER/MANAGER: _____ SIGNATURE _____

PHONE: _____ FAX: _____

EMAIL: _____