

RESTAURANT SIGN UP FORM

Name of Restaurant:
Locations(s) please list if this is a chain with more than one location participating:
Address(s):
Contact name and phone:
Discount to be provided on coupon (must represent a \$10+ discount to participate) Ideas include: buy one get one free entrée, free appetizer, buy one get one adult beverage etc.
Any restrictions or other information regarding the discount provide or your listing? (examples: dine in only, discount applied to lower price item, must be 21, only specified locations etc.)
Would you like a supply of flyers to promote the Passbook to your customer & contacts? yes no
Are you interested in hosting the Passbook Pick Up Party? yes no
THANK YOU for participating in the 2024 Some Like it Hot STL Mexican Restaurant Passbook. We will be in contact to confirm your participation.

For more information: contact Carrie Warren, IFM Community Medicine, 314-805-1502 or carrie@ifm-stl.org.