



Eat Out for Education

LETTER OF PARTICIPATION • SCHOOL YEAR 2009-10

Name of Establishment: _____

Address: _____

Contact Name: _____

Phone: _____

E-Mail Address: _____

Type of Food/Cuisine: _____

Agreement between the San Leandro Education Foundation and above named Establishment:

- (1) Establishment will donate 10% of the sales (less liquor and tax) when an Eat Out For Education coupon is presented on the 1st Wednesday of each month.
- (2) Establishment agrees to keep an accurate record of sales credited to SLED and to make said records available to SLED upon request. A check will be mailed to SLED within 30 days of collecting coupons.
- (3) SLED will post Establishment's name, address and web link on their website.
- (4) SLED will include Establishment's name and address in a directory sent to all San Leandro Unified School District families.
- (5) Participation will be from October 2009 until September 2010.
(SLED will contact you to renew for the 2010-2011 school year.)

Establishment Representative's signature *date*

SLED Representative's signature *date*