



Shop The Rock Card Participation Agreement

CONTACT INFORMATION:

Business Name: _____

Contact Person: _____

Address: _____

Contact Phone: _____ EMAIL: _____

Your offer must be one of the following types

FREE Item/ BOGO - At least 10% off - At Least \$1 off

OFFER DETAILS (please write below what your offer should say)

SELECT THE MONTHS YOU WOULD LIKE TO OFFER YOUR DISCOUNT

(You may select up to 3 months for FREE, Additional months cost \$25 per month)

Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul

By participating in this program you agree the you will honor the above offer to any person that shows the shop the rock card during the designated month. You also agree the you will post a sign in your business during the month of your offer. Your offer must be exclusive to the Shop the Rock Card.

SIGNED BY: _____ **DATE:** _____

PLEASE MAIL, EMAIL or FAX THIS FORM TO THE CHAMBER OFFICE

Rocky Hill Chamber of Commerce
2264 Silas Deane Highway, Rocky Hill, CT 06067

www.rhchamber.org
P: (860) 258-7633 F: (860) 258-7637

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