



***Yes! Sign-up our restaurant to participate in the
Ridgefield Restaurant Week 2018!***

Restaurant Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Chamber Member Rate: \$50 payable with this form

Method of Payment: _____ (Cash, Check, Visa, MC, Discover, or Amex)

Card # _____ Exp. Date _____ CVV _____

Lunch Special Y/N _____ Price (circle one): \$15.18 or \$25.18

Dinner Special Y/N _____ Price (circle one): \$20.18 or \$30.18

Check the days you will be honoring the Restaurant Week menu:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Details of Special Offering or Attach Menu

Authorized Signature: _____

Date: _____

EMAIL FORM TO JMULHERN@RIDGEFIELDCHAMBER.ORG or RETURN IT TO:
Ridgefield Chamber of Commerce, 13 Grove Street, Ridgefield, CT 06877