

Project CHEERS

Establishment Information

Establishment: _____

Address: _____

Owner/Manager: _____

CHEERS Contact Person (if other than manager):

Phone #: _____

Fax #: _____

Email: _____

Project CHEERS is allowed to use this establishment's name in marketing materials, as participants in the CHEERS to the Designated Drive Program (i.e. flyers, posters, bookmarks, newspaper ads).

Signed: _____

Date: _____

Please submit new establishment form via fax (573-882-1751)
or email (cheers@missouri.edu)