



MANCHESTER  
COMMUNITY  
COLLEGE

**Please return form to:**

Director, Office of Student Activities  
Manchester Community College  
Great Path, MS #7 (Lowe 155), P.O. Box  
1046 Manchester, CT 06045-1046  
Phone: 860-512-3283 \* Fax: 860-512-3351

## Cougar Pride Discount Program Registration Form

Business Name:

Contact Name:

Position:

Address:

City:

Zip/Postal Code:

Phone:

Fax:

E-mail:

Website:

### Retail/Services

- ☐ 20% total bill
- ☐ 15% total bill
- ☐ 10% total bill
- ☐ Other (10% minimum, please explain below)
- \_\_\_ Guest Limit
- Other:

### Restaurants

- ☐ 20% food only (alcohol not discounted)
- ☐ 15% food only (alcohol not discounted)
- ☐ 10% food only (alcohol not discounted)
- ☐ Other (10% minimum, please explain below)
- \_\_\_ Guest Limit

### I am interested in hearing more about the following opportunities:

- |  |  |
|--|--|
| <input type="checkbox"/> Fall/Spring Flings (campus wide events) | <input type="checkbox"/> Students looking for jobs, co-ops/internships |
| <input type="checkbox"/> Leadership development programming      | <input type="checkbox"/> Hosting student art-shows or displays         |
| <input type="checkbox"/> Hosting student musical performances    | <input type="checkbox"/> Sponsoring intramurals                        |
| <input type="checkbox"/> Passive programming on-campus           | <input type="checkbox"/> Other: (please explain)                       |

I understand that the only requirements for participating in the Cougar Pride Discount Program are to:

1) Display the Cougar Pride sticker prominently at the Main Entrance of my business, and 2) Provide the agreed upon discount to anyone with a valid Manchester Community College ID.

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date