

This August, we are giving away a \$1500 cash prize to someone who shops downtown. Join us in encouraging shopping and visitation in Historic Downtown right now.

WHAT WE NEED

We are asking you to host a draw during August. Any customer who spends a minimum dollar amount of your choosing is entered to win a gift card from your business. Community Futures Entre-Corp (CFEC) will cover a portion of the cost of the gift card*. The winner of the gift card plus one other wild card entry will then be entered to win a grand prize of \$1500 cash. The more downtown businesses that participate, the bigger this campaign can be.

Here's an example:

If a customer spends \$100, they're entered to win a \$200 gift card from your business. The winner of the gift card plus one other wild card entry will be entered into the draw for a grand prize of \$1500 cash. You will provide us with the names of two entries: the winner of your draw plus one extra ballot. Both will be entered into the grand prize draw for \$1500 cash.

Minimum \$100 Gift Card	CFEC contributes \$75*
Minimum \$200 Gift Card	CFEC contributes \$125*

^{*}Contributions will be paid directly to each participating business. Payment is contingent upon Community Futures Entre-Corp receiving an invoice no later than September 30th, 2024.

HOW YOU BENEFIT

Tourism Medicine Hat is facilitating an advertising campaign, investing \$8,000 in media buys. By participating in this campaign, you will receive business name mentions and overall campaign awareness. Community Futures Entre-Corp will cover a portion of the gift card's cost (up to a maximum of \$125) to your store.

THE FINE PRINT

The campaign starts on August 8th and runs until August 29th. There are no additional fees to participate. The idea is that every time a customer spends a specific dollar amount, they are entered to win a gift card from your business. Community Futures Entre-Corp will contribute a portion of the gift card's cost (up to a maximum of \$125) to your business. You choose the eligible purchase amount. Contributions will be paid directly to each participating business.







MEDICINE HAT

Participating Business Agreement

PARTICIPATING BUSINESS CONTEST DETAILS
Business Name
Business Address
☐ Consumer-facing business physically located within Historic Downtown.
T (D)
Type of Business
Select the best description
☐ Food and Beverage
□ Retail
□ Consumer Service
Minimum Customer Spend
\$
What should your minimum customer spend be?
Select an amount that you believe will drive an increase in immediate sales. For a \$100 gift care
15-20% above your average spend, and for a \$200 gift card 30% above your average spend
are reasonable benchmarks.
are reasonable pencimarks.
Minimum Gift Card Amount
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the terms and conditions of this agreement. ☐ I, the undersigned, agree to administer and host a draw during August 2024 and will begin accepting entries no later than August 8, 2024. ☐ I the undersigned, agree that on August 29, 2024, between 10 am and 1 pm, I will provide Tourism Medicine Hat with the following details: 1. The total number of entries collected during the contest 2. Name and phone number of the winning entry drawn by the participating business 3. Name and phone number of one other entry drawn by the participating Business ☐ I, the undersigned, agree that upon completion of the draw, I will invoice Community Futures Entre-Corp for their contribution to the cost of the gift card no later than September 30th, 2024. ☐ Tourism Medicine Hat will facilitate an advertising campaign, investing a minimum of \$8,000 in media buys, to drive overall awareness to Medicine Hat's Historic Downtown and each Participating Business. ☐ Community Futures Entre-Corp will cover a portion of the gift card's cost (up to a maximum of \$125) to your business. *Contributions will be paid directly to each participating business. Payment is contingent upon receipt of an invoice no later than September 30th, 2024. Mail in, drop off or email invoices to Community Futures Entre-Corp: bizinfo@albertacf.com 556 4 St SE, Floor 2, Medicine Hat, AB T1A 0K8 PARTICIPATING BUSINESS INFORMATION Full name Signature Date **Email Address Contact Number** What's the best way to contact you?

ACKNOWLEDGMENT REQUIRED FOR BUSINESS PARTICIPATIONPlease complete the following to confirm you have read and understand

Community
Futures Entre-Corp Business
Development

Medicine Hat