


## INVITATION FOR BID

 <p><b>JOHNSON COUNTY PARK AND RECREATION DISTRICT</b></p> <p>Recreation Division  <b>JCPRD Administration Building</b>  <b>7904 Renner Road</b>  <b>Shawnee Mission, KS 66219</b></p>	<p><b>BID NO: 2011-11-03-REC-01</b>  <b>DATE: October 18, 2011</b>  <b>DISTRICT REPRESENTATIVE:</b>  <b>Jill Geller</b>  <b>Superintendent of Recreation</b>  <b>Business PHONE: (913) 831-3355</b>  <b>Office PHONE: (913) 236-1242</b>  <b>FAX: (913) 831-3311</b>  <b>EMAIL: <a href="mailto:jill.geller@jocogov.org">jill.geller@jocogov.org</a></b></p>
<p><b>RETURN BID NO LATER THAN:</b></p> <p><b>OPENING DATE: November 3, 2011</b></p> <p><b>OPENING TIME: 2:00 PM</b>  Local Time on a clock designated by the District Representative</p> <p><b>Please mark clearly on the outside of the sealed bid that it is a bid for:</b></p> <p style="text-align: center;"><b>Food Service – An Olde Fashioned Holiday at Mildale Farm</b></p>	<p><b>BID OPENING LOCATION /RETURN IFB TO:</b>  <b>ATTN: Jill Geller</b>  <b>JCPRD Administration Building</b>  <b>7904 Renner Road</b>  <b>Shawnee Mission, KS 66219</b></p>
<p><b>DESCRIPTIONS:</b></p> <p style="text-align: center;"><b>FOOD SERVICE – AN OLDE FASHIONED HOLIDAY AT MILDAL FARM</b></p> <p style="text-align: center;">Food services and equipment to be provided for “An Olde Fashioned Holiday” at Mildale Farm, a 7-day theater production to be conducted December 5-11, 2011.</p> <p style="text-align: center;"><b>PRE-BID MEETING</b> will be held on  Wednesday, October 26, 2011, at 1:30 p.m. in the  JCPRD Administration Building in Shawnee Mission Park,  7904 Renner Road, Shawnee Mission, KS 66219</p> <hr style="border-top: 1px dashed black;"/>	
<p>The Bidder hereby agrees to furnish items and/or services, pursuant to all requirements and specifications contained in this solicitation document, and further agrees that the language of this document shall govern in the event of a conflict with his or her response.</p>	
<p><b>MUST BE SIGNED TO BE VALID</b></p>	
COMPANY:	DATE:
MAILING ADDRESS:	PHONE:                      FAX:
CITY:	STATE:                      ZIP:                      EMAIL:
SSN OR FEDERAL TAX NO:	TITLE OF AUTHORIZED REPRESENTATIVE:
AUTHORIZED SIGNATURE:	PRINTED NAME: