

AGENDA REQUEST FORM
The School Board of Broward County, Florida

Meeting Date

3/15/2005

Open Agenda

☐ Yes ☒ No

Time Certain Request

☐ Yes ☒ No

Agenda Item Number

J-7

TITLE:

Use Agreement with Nova Southeastern University for the
South Florida Summer Leadership Training Camp

REQUESTED ACTION:

Approve the use agreement with Nova Southeastern University for the South Florida Summer Leadership Training Camp.

SUMMARY EXPLANATION AND BACKGROUND:

Nova Southeastern University will be used for the South Florida Summer Leadership Training Camp, sponsored by the Department of Student Activities and Athletics.

The high school workshop will be held from July 15, 2005, through July 23, 2005. The School Board has used this facility for the high school leadership camp for over ten years with approximately 240 participants. Funding for the workshop is from registration fees paid by the participants.

The School Board Attorney has approved this lease as to form.

SCHOOL BOARD GOALS:

- ☐ Goal One: All students will achieve at their highest potential.
☐ Goal Two: All schools will have equitable resources.
☒ Goal Three: All operations of the school system will demonstrate best practices while supporting student achievement.
☐ Goal Four: All stakeholders will work together to build a better school system.

FINANCIAL IMPACT:

There is no financial impact to the School District. The source of funds will be student registration fees which will be pay by the delegates.

EXHIBITS: (List)

1. Conference Use Agreement
2. Catering Schedule
3. Supporting Documentation

BOARD ACTION

APPROVED

(For Official School Board Records' Office Only)

SOURCE OF ADDITIONAL INFORMATION

Mike Roland 954.928.1585
Name: Henry Verdugo Phone: 754-321-2172

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

DIVISION OF FACILITIES AND CONSTRUCTION MANAGEMENT

MICHAEL GARRETSON, DEPUTY SUPERINTENDENT

Approved in Open Board Meeting on:

MAR 15 2005

By: _____

_____, School Board Chair

Exhibit 1

Conference Use Agreement

Nova Southeastern University
Office of Residential Life and Housing Conference Contract
Contract for the use of Leo Goodwin Residence Hall

Name of Organization: *The School Board of Broward County, Florida*
Sponsoring Department: *Department of Student Activities and Athletics*
Supervisor: *Michael Roland*
Address: *P.O. Box 5408*
Fort Lauderdale, FL 33310
Phone: *954-928-1585*
Purpose of Program: *South Florida Leadership Training Camp*

Housing Requirements

Arrival Date and Time: Staff - July 15, 2005
Conference - July 18, 2005
Departure Date and Time: Staff - July 23, 2005
Conference - July 23, 2005
Number of Staff: Females - 35
Males - 15
Total - 50
Number of Participants: Females - 160
Males - 80
Total - 240

Single Room Accommodations

Number of Staff	x	Price	x	Number of nights	=	Total
2		\$17.00		8		\$272.00

Double Room Accommodations

Number of Staff	x	Price	x	Number of nights	=	Total
48		\$17.00		7		\$5,712.00
Number of Males	x	Price	x	Number of nights	=	Total
80		\$17.00		5		\$6,800.00
Number of Females	x	Price	x	Number of nights	=	Total
160		\$17.00		5		\$13,600.00

TOTAL = \$26,384.00

Food Service Requests

For meal/catering services, please contact the Aramark Catering Services at (954) 262-5314.

Audio-Visual or Technology Requests

For audiovisual or technology request, please contact Chip Yowell, in the AV Department of the Office of Information Technologies and Media Services at (954) 262-4921 or chip@nova.edu. Please note that additional charges may apply.

Facilities Requests

NSU does not guarantee that the facilities will be available on the dates requested.

- In order to request the use of the classroom in the Leo Goodwin Residence Hall, please contact Anthony DeSantis, Assistant Director of Housing, at 954-262-7059 or anthonyd@nova.edu
- In order to request the use of the Rosenthal Student Center (Flight Deck, meeting rooms, or theater), please contact Rick Mayfield, Director of the Student Union, at 954-262-7284 or mayfielr@nova.edu.
- In order to request the use of the NSU Athletics Fields, please contact Rob Allen, Assistant Athletic Director, at 954-262-8267 or allenrob@nova.edu.
- In order to request the use of the meeting rooms or computer labs in the Library, Research, and Information Technology Center, please contact Cheryl Bond, Coordinator of Events and Facilities, at 954-262-4612 or bcheryl@nova.edu.
- In order to request the use of the classrooms in the Mailman Building, please contact Alicia Alleyne at x8831 or alleyne@nova.edu.

Facility requests may incur additional charges.

Special Requests

If your organization has any Americans with Disabilities Act accommodations related to your Contract, please include a separate letter providing documentation of disability or medical conditions and the accommodation(s) requested.

Security Request

In order to request security for your event, please contact James Lambe in Public Safety at 954-262-8911 or lambe@nova.edu.

Special Requests

If your organization has any Americans with Disabilities Act accommodations related to your Contract, please include a separate letter providing documentation of disability or medical conditions and the accommodation(s) requested.

Security Request

In order to request security for your event, please contact James Lambe in Public Safety at 954-262-8911 or lambe@nova.edu.

Rules, Regulations, and Policies

Once you have read the following items, please initial that you understand and will comply with the following rules, regulations, and policies:

1. The organization requesting use of the Nova Southeastern University's Leo Goodwin Residence Hall must and shall ensure that all occupants of the Leo Goodwin Residence Hall comply with and observe all the rules, regulations, and policies stated herein. mm
2. The organization must make detailed arrangements with the appropriate NSU personnel at least 30 days in advance of the event. mm
3. NSU will not be required to provide any publicity or informational service or general business service for a prospective organization. mm
4. NSU is a smoke-free campus. Smoking is not allowed in the Leo Goodwin Residence Hall or on any other NSU property. mm
5. Alcoholic beverages may not be brought into the residence halls or on other NSU property. mm
6. The possession, promotion, distribution, use, or sale of illegal substances is a violation of NSU policy. This includes the trafficking and serving of substances represented as drugs to other persons. This also includes paraphernalia for illegal drug use. mm
7. No alteration is to be made to NSU property. Leo Goodwin Hall is furnished as is. Any additional changes to room/classroom set-up will result in a \$10.00 per hour charge. _____
8. The use of NSU facilities is permitted only by a separate written contract between the organization and NSU. mm
9. The organization shall not discriminate against any person or group based on race, gender, sexual orientation, religion, nationality or creed. mm

10. The organization must adhere to hours applicable to Leo Goodwin Residence Hall.

msr

11. The organization agrees that it shall be solely responsible for the safety and welfare of its employees, agents, students, contractors, members, and guests. The organization agrees to indemnify, defend and hold NSU harmless from any action, claim, damage, loss, liability judgment, cost or expense (including, without limitation, reasonable attorney's fees) asserted against or incurred by NSU arising out of, resulting from or in any way connected with the activities of the organization, its agents, employees, students, contractors, members or guests on, about, or around any of NSU's facilities or other parts of NSU's campuses. msr

12. NSU assumes no risk hereunder and as a consideration of this Contract, the organization expressly releases NSU of, and from, any and all liability for any damage, injury or loss to any person or the property of any person or of the organization. msr

13. The organization shall maintain commercial general liability insurance in the amount set forth below. Such insurance shall designate the organization as the insured and shall be primary over any other liability policy available to NSU. Furthermore, NSU shall be added to the organization's insurance policy as an additional insured during the period of this Contract. Evidence of such coverage shall be submitted at least 30 days prior to requested start date for use of Leo Goodwin Residence Hall. This evidence of coverage shall be in the form of a "Certificate of Insurance" issued by the insurance company providing coverage for a minimum of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate. Such insurance must be issued in form and by a company, which is acceptable to NSU. msr

14. The organization must provide one supervisor for every fifty (50) adult persons in attendance, and one supervisor for every twenty-five (25) students, unless NSU determines that a particular group requires additional supervision (i.e. lifeguards when pool is utilized). msr

15. The organization is financially responsible for any extraordinary housekeeping charges incurred by NSU. NSU will determine when extraordinary housekeeping charges are appropriate. msr

16. Common area facilities in the Leo Goodwin Residence Hall cannot be used at any time after midnight (Sunday-Thursday) or after 1:00 a.m. (Friday and Saturday).

msr

17. NSU staff members have the right to inspect the rooms and all other areas in the Leo Goodwin Residence Hall at any time. msr

18. Sixty (60) days before the event, the organization must provide a deposit. The deposit shall be 10% of the estimated charges of all those who will stay in the Leo

2

Goodwin Residence Hall as of the start date. If the organization fails to use or occupy Leo Goodwin Residence Hall before or on the start date, the deposit shall be forfeited. mon

19. Thirty (30) days before the start date, the organization must provide a participation count. The count should be the number of participants who will reside in the Leo Goodwin Residence Hall. The organization will then be held responsible for payment in full for no less than 90% of the participation count. mon

20. Remaining payment for the entire amount must be made in full at the start date of the event. Checks must be made payable to **Nova Southeastern University**. mon

21. No NSU property shall be removed from the rooms or common areas. mon

22. No alterations or changes of any kind shall be made to the rooms or to the common area. mon

23. No combustible materials, including, with limitation, fireworks, ammunition, torches, gasoline, straw, hay, palm fronds, vines, branches, or explosives shall be brought into the rooms or the common areas. mon

24. No screens shall be removed from any windows. mon

25. No items shall be placed on windowsill ledges, and nothing shall be dropped out of the windows. mon

26. Key cards must be completed during the check-in process. \$75.00 shall be paid for each lost key in order to re-key the room. mon

27. The peace and/or comfort of other occupants shall not be disturbed. mon

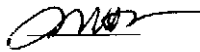
28. No damage shall be done to any NSU property in the rooms in any of the common areas, or to the building. mon

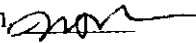
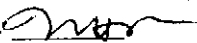


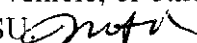
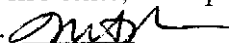

29. No one shall behave in a manner that harasses any other person. This includes, but is not limited to:

- i. Any words or acts, whether intentional, unintentional, negligent, or as a product of disregard for the safety, rights, or welfare of others, which can cause physical or emotional harm, or which intimidate, degrade, demean, threaten, haze or otherwise interfere with another person's right to comfort. mon

- ii. Loud or aggressive behavior which disrupts the orderly functioning of NSU or any member of the NSU community. mon

- iii. Any conduct or action that constitutes a threat to the health or safety of the NSU community or those occupants in Leo Goodwin Residence Hall.



30. All policies listed in the NSU Student Handbook, which has been provided to the organization, shall be complied with 
31. Occupants shall at all times be responsible for the conduct of their guests, in connection therewith, the organization shall also be responsible for the conduct of all guests. 
32. No pets or animals of any kind are allowed within Leo Goodwin Residence Hall. 
33. The organization and occupants shall comply with all directives and requests of a NSU representative acting in the performance of his/her duties. 
34. No one shall enter, or attempt to enter, any room, building, motor vehicle, or other form of property without proper authorization or consent from NSU 
35. No fire alarm shall be unnecessarily set off. Anyone found tampering with fire extinguishers or alarm equipment, block fire exits, or impede traffic flow in any other manner will be subject to a \$200.00 fine. 
36. The following items shall not be brought into rooms or into the common areas of the Leo Goodwin Residence Hall: barbecue grills, multi-outlet electrical plugs, candles, incense or other open flame items, non-approved extension cords, halogen lamps, gasoline, or flammable petroleum powered vehicles. _____
37. All windows shall be closed at all times. If the aluminum seals are tampered with a charge of \$50.00 will be assessed 
38. Charges shall be imposed for all damages to the items listed as follows:

Replacement of window	\$125.00
Painting per wall	\$200.00
Extra cleaning	\$100.00
Missing Screens	\$50.00
Entrance Door to Room	\$500.00
Tampering with AC Unit	\$200.00

Towel Rack	\$50.00
Room Door-Tag	\$20.00
Adjustable Bed	\$377.00
Mattress	\$90.00
Four Drawer Dresser	\$739.00
Desk	\$588.00
Desk Chair	\$342.00

Other damage to Leo Goodwin Residence Hall shall be charged according to cost of repair or replacement. *[Signature]*

39. The following regulations shall be complied with when operating a motor vehicle on the grounds of the NSU campus. For a complete listing of motor vehicle policies and procedures, please review the Campus Safety and Traffic Handbook provided. *[Signature]*

i. The speed limit is 25 mph on roadway and 10 mph in the parking areas. *[Signature]*

ii. Parking or driving on grass, paths, or sidewalks is prohibited. *[Signature]*

iii. Unauthorized parking in the designated handicap spots is prohibited. *[Signature]*

iv. Parking in fire lanes is prohibited. *[Signature]*

40. The following procedures must be followed in case of fire:

When a fire alarm is sounded, evacuate Leo Goodwin Residence Hall immediately. Close and lock the door when leaving the room. Do not take the elevator – you may get caught in a power outage. There are stairwells located on the east and west sides of the building and in the center of the hallway for floors 2 and 3. When outside of the Residence Hall, remember to stay far enough away from the entrances, do not interfere with the Town of Davie Fire Department, Town of Davie Police, and any other authorities. *[Signature]*

41. The procedures in the Nova Southeastern Campus Safety and Traffic Handbook enclosed in the Contract packet must be complied with if a Hurricane Warning and/or other severe weather conditions are declared by the U.S. Weather Bureau. *[Signature]*

42. NSU is not liable for any loss or damage of the organization's and the occupants' property while on NSU's premises. not
43. NSU reserves the right to evict any occupant or guest without refund when he or she violates any of these rules or regulations. not
44. A tentative roster and room assignment list must be presented to the Office of Residential Life and Housing two weeks prior to the start date of the event not
45. NSU shall not provide linens, comforters, towels, and/or blankets for conference purposes. not
46. The organization must provide NSU's Office of Residential Life and Housing with a complete schedule of events and contact information for the staff involved prior to the start date of the event not
47. Organizational staff may check into the Office of Residential Life and Housing 24-48 hours prior to first day of occupancy. not
48. Only an organization's supervisors will receive a master key for the Leo Goodwin Residence Hall. Losing this key will result in a \$6,500.00 fine. If additional keys are needed, they can be purchased for \$50.00 a piece not
49. The Office of Residential Life and Housing must be allowed to hold introduction and ground rules meetings with all occupants not
50. The organizational staff and supervisors shall at all time be present in Leo Goodwin Residence Hall when any of the occupants are there not

The organization shall be liable for the acts or omissions of its occupants of the Leo Goodwin Residence Hall and their guests and for their failure or the organization's failure to comply with any of the terms, conditions, rules, regulations, policies, or procedures contained in this Contract.

Organization _____
Signature _____
Print Name _____
Title _____
Date _____

Please sign and return this contract to:

Anthony DeSantis, Assistant Director of Housing

Office of Residential Life & Housing

3625 College Avenue

Ft. Lauderdale, FL 33314

A signed copy will be returned to the address listed on the first page.

Nova Southeastern University Inc.

Signed: CSS888
Print Name: ANTHONY DESANTIS
Title: ASSISTANT DIRECTOR OF HOUSING
Date: 1/28/05

ADDENDUM

ATTACHED HERETO AS EXHIBIT "A", TO SUPERCEDE ALL CONFLICTING ARTICLES OF THE LICENSE IN REFERENCE BETWEEN THE CITY OF POMPANO BEACH AND THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Insurance: Licensee shall maintain in full force and effect during the Term public liability and property damage insurance with respect to injury, death or damage occurring at the Premises or arising out of Licensee's use of the Premises or otherwise arising out of any act or occurrence at the Premises or Center. Said insurance shall be in an amount of at least One Million Dollars (\$1,000,000) combined single limit per occurrence. The policies for the foregoing insurance shall name Owner, Manager and their partners, beneficiaries, trustees, officers, directors, agents and employees and such other parties as Owner may designate as additional insured. At least one week prior to the first day of the Term, Licensee shall furnish a certificate of insurance evidencing that such insurance is in effect. Licensee hereby waives all subrogation rights of its insurance carriers in favor of Owner and Manager and their partners, beneficiaries, trustees, officers, directors, employees and agents and such other parties as Owner may have designated as additional insured.

Indemnification: Each party agrees to be fully responsible for its acts of negligence, or its employees or agent's acts of negligence when acting within the scope of this Agreement and agrees to be liable for any damages resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by any agency to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by an agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any contract.

The parties shall not discriminate against any employee or participant in this Agreement because of race, age, religion, color, gender, national origin, marital status, disability, or sexual orientation.

Notice: When any of the parties desire to give notice to the other, such notice must be in writing, sent by US Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of the paragraph. For the present, the parties designate the following as the respective places for giving notice:

To School Board: Superintendent of Schools,
Property Management & Site Acquisition Department
The School Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to: Executive Director,
Property Management & Site Acquisition Department
The School Board of Broward County, Florida
600 Southeast Third Avenue, 14th Floor
Fort Lauderdale, Florida 33301

To NSU: Nova Southeastern University
Office of Residential Life and Housing
3625 College Avenue
Fort Lauderdale, Florida 33314

Authority: Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

Termination: This Agreement may be canceled by either party during the term hereof upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement.

This document incorporates and includes all prior negotiations, correspondence, conversations, agreements and understandings applicable to the matters contained herein and the Parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, the Parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

Agreed and
Accepted by: _____

A large, stylized handwritten signature in black ink, appearing to be 'M. D. J.', is written over a horizontal line.

Date: March 15, 2005

FOR NSU

By: NOVA SOUTHEASTERN
UNIVERSITY

By: [Signature]
Owner/Representative

Date: 4/20/05

STATE OF FLORIDA
COUNTY OF BROWARD

[Signature]
Witness

[Signature]
Witness

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the date first above written.



[Signature]
Signature - Notary Public

FOR SBBC

(Corporate Seal)

**THE SCHOOL BOARD OF BROWARD
COUNTY, FLORIDA**

By: [Signature]
Stephanie A. Kraft, Esq., Chair

ATTEST:

[Signature]
Franklin L. Till, Jr., Superintendent of
Schools

Approved as to Form:

[Signature]
School Board Attorney

Exhibit 2

Catering Schedule

CATERER

NUMBER

CATERING ARRANGEMENTSCATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD COUNTY SCHOOL BOARD</u>	DATE OF SERVICES	<u>July 18 - July 23, 2005</u>
CONTACT	<u>MICHAEL H. ROLAND</u>	DAY OF WEEK	<u>Monday - Saturday</u>
FUNCTION	<u>LEADERSHIP TRAINING CAMP</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS		FOOD BY	<u>CAFETERIA THRU LINE</u>
GUARANTEED #		SET BY	
		SERVING	
		PICK UP	

MENU

FOOD READY

PAPER PLASTIC BUFFET DROP

2005 PRICING:

Breakfast	\$4.75
Lunch	\$6.25
Dinner	\$7.00

(All Prices Are Per Person)

PRICE PP	
TOTAL COST	\$0.00
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
HPD/WESTPORT	
NORTH MIAMI	
CORAL SPRINGS	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
TOTAL COST	<u>\$0.00</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):PLEASE SIGN & FAX BACK TO ASSURE SERVICES

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code): _____

For all weekend functions, please contact weekend supervisor
at: (954) 347-7056 for any assistance.ARAMARK will not guarantee changes made less than 48 hours
prior to the function time. Please call the day before your function
if you have not received a confirmation call: (954) 262-5302

PLEASE FAX SIGNED CATERING CONTRACT TO (954) 262-3923 48 HOURS PRIOR TO EVENT TO ENSURE PROPER SERVICE. MAKE SURE YOUR 10-DIGIT ACCOUNT NUMBER IS ENTERED ABOVE.

CATERER

NUMBER A4284.68**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/18/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>MONDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>5:15 PM</u>
		SERVING	<u>5:45 PM</u>
		PICK UP	<u>7:00 PM</u>

MENU

DINNER THRU LINE
HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTS

FOUNTAIN BEVERAGES
ICE WATER

PRICE PP \$7.00
TOTAL COST \$1,925.00
ADDITIONAL FEES
LABOR
Delivery Fees:
CENTRAL CAMPUS
NORTH MIAMI
EAST CAMPUS
GRIFFIN ROAD
KENDALL
OFF CAMPUS
TAX
TOTAL COST \$1,925.00

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____
DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005
ACCOUNT NUMBER (10-Digit Code): _____ **PAY WITH CHECK**

ARAMARK will not guarantee changes made less than 48 hours
prior to the function time. Please call the day before your function
if you have not received a confirmation call: (954) 262-5302

**PLEASE FAX SIGNED CATERING CONTRACT TO (954) 262-3923 48 HOURS PRIOR TO EVENT TO
ENSURE PROPER SERVICE. MAKE SURE YOUR 10-DIGIT ACCOUNT NUMBER IS ENTERED ABOVE.**

CATERER

NUMBER A4284.73**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/23/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>SATURDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>300</u>	FOOD BY	
GUARANTEED #	<u>300</u>	SET BY	<u>6:30 AM</u>
		SERVING	<u>7:00 AM</u>
		PICK UP	<u>8:15 AM</u>

MENU

BREAKFAST THRU LINE
COLD CEREAL AND MILK
FRUIT SALAD
YOGURT
ASSORTED PASTRIES
SCRAMBLED EGGS
BACON
HASH BROWNS
FRENCH TOAST
ASSORTED FRUIT JUICES
COFFEE/HOT TEA

PAPER PLASTIC BUFFET DROP

PRICE PP \$4.75
TOTAL COST \$1,425.00
ADDITIONAL FEES
LABOR
Delivery Fees:
CENTRAL CAMPUS
NORTH MIAMI
EAST CAMPUS
GRIFFIN ROAD
KENDALL
OFF CAMPUS
TAX
TOTAL COST \$1,425.00

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**SERVICES APPROVED BY: _____
DATE: _____SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
---------------------------------	----------------

ARAMARK will not guarantee changes made less than 48 hours
prior to the function time. Please call the day before your function
if you have not received a confirmation call: (954) 262-5302

PLEASE FAX SIGNED CATERING CONTRACT TO (954) 262-3923 48 HOURS PRIOR TO EVENT TO ENSURE PROPER SERVICE. MAKE SURE YOUR 10-DIGIT ACCOUNT NUMBER IS ENTERED ABOVE.

CATERER

NUMBER A4284.73**CATERING ARRANGEMENTS**

CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL

SIGNATURE AND 10-DIGIT ACCOUNT NUMBER

ARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/19/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>TUESDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>300</u>	FOOD BY	
GUARANTEED #	<u>300</u>	SET BY	<u>6:30 AM</u>
		SERVING	<u>7:00 AM</u>
		PICK UP	<u>8:15 AM</u>

MENU

BREAKFAST THRU LINE
COLD CEREAL AND MILK
FRUIT SALAD
YOGURT
ASSORTED PASTRIES
SCRAMBLED EGGS
BACON
HASH BROWNS
FRENCH TOAST
ASSORTED FRUIT JUICES
COFFEE/HOT TEA

PAPER PLASTIC BUFFET DROP

PRICE PP \$4.75
TOTAL COST \$1,425.00
ADDITIONAL FEES
LABOR
Delivery Fees:
CENTRAL CAMPUS
NORTH MIAMI
EAST CAMPUS
GRIFFIN ROAD
KENDALL
OFF CAMPUS
TAX
TOTAL COST \$1,425.00

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):PLEASE SIGN & FAX BACK TO ASSURE SERVICES

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
---------------------------------	----------------

ARAMARK will not guarantee changes made less than 48 hours prior to the function time. Please call the day before your function if you have not received a confirmation call: (954) 262-5302

PLEASE FAX SIGNED CATERING CONTRACT TO (954) 262-3923 48 HOURS PRIOR TO EVENT TO ENSURE PROPER SERVICE. MAKE SURE YOUR 10-DIGIT ACCOUNT NUMBER IS ENTERED ABOVE.
--

CATERER

NUMBER A4284.72**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/19/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>TUESDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>11:30 AM</u>
		SERVING	<u>12:00 PM</u>
		PICK UP	<u>1:15 PM</u>

MENU**LUNCH THRU LINE**HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTSFOUNTAIN BEVERAGES
ICE WATER

PRICE PP	<u>\$6.25</u>
TOTAL COST	<u>\$1,718.75</u>
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
NORTH MIAMI	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
OFF CAMPUS	
TAX	
TOTAL COST	<u>\$1,718.75</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.68**CATERING ARRANGEMENTS**

CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL

SIGNATURE AND 10-DIGIT ACCOUNT NUMBER

ARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/19/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>TUESDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>5:15 PM</u>
		SERVING	<u>5:45 PM</u>
		PICK UP	<u>7:00 PM</u>

MENU**DINNER THRU LINE**HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA

SALAD BAR

DELI SANDWICHES

DESSERTS

FOUNTAIN BEVERAGES

ICE WATER

PRICE PP \$7.00TOTAL COST \$1,925.00

ADDITIONAL FEES

LABOR

Delivery Fees:

CENTRAL CAMPUS

NORTH MIAMI

EAST CAMPUS

GRIFFIN ROAD

KENDALL

OFF CAMPUS

TAX

TOTAL COST \$1,925.00**TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):****PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.73**CATERING ARRANGEMENTS**

CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL

SIGNATURE AND 10-DIGIT ACCOUNT NUMBER

ARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/20/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>WEDNESDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>300</u>	FOOD BY	
GUARANTEED #	<u>300</u>	SET BY	<u>6:30 AM</u>
		SERVING	<u>7:00 AM</u>
		PICK UP	<u>8:15 AM</u>

MENU

BREAKFAST THRU LINE
COLD CEREAL AND MILK
FRUIT SALAD
YOGURT
ASSORTED PASTRIES
SCRAMBLED EGGS
BACON
HASH BROWNS
FRENCH TOAST
ASSORTED FRUIT JUICES
COFFEE/HOT TEA

PAPER PLASTIC BUFFET DROP

PRICE PP \$4.75
TOTAL COST \$1,425.00
ADDITIONAL FEES
LABOR
Delivery Fees:
CENTRAL CAMPUS
NORTH MIAMI
EAST CAMPUS
GRIFFIN ROAD
KENDALL
OFF CAMPUS
TAX
TOTAL COST \$1,425.00

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.72**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/20/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>WEDNESDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>11:30 AM</u>
		SERVING	<u>12:00 PM</u>
		PICK UP	<u>1:15 PM</u>

MENU**LUNCH THRU LINE**
HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTSFOUNTAIN BEVERAGES
ICE WATER

PRICE PP	<u>\$6.25</u>
TOTAL COST	<u>\$1,718.75</u>
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
NORTH MIAMI	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
OFF CAMPUS	
TAX	
TOTAL COST	<u>\$1,718.75</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.68**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/20/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>WEDNESDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>5:15 PM</u>
		SERVING	<u>5:45 PM</u>
		PICK UP	<u>7:00 PM</u>

MENU

DINNER THRU LINE
HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTS

FOUNTAIN BEVERAGES
ICE WATER

PRICE PP	<u>\$7.00</u>
TOTAL COST	<u>\$1,925.00</u>
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
NORTH MIAMI	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
OFF CAMPUS	
TAX	
TOTAL COST	<u>\$1,925.00</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.73**CATERING ARRANGEMENTS**

CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL

SIGNATURE AND 10-DIGIT ACCOUNT NUMBER

ARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/21/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>THURSDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>300</u>	FOOD BY	
GUARANTEED #	<u>300</u>	SET BY	<u>6:30 AM</u>
		SERVING	<u>7:00 AM</u>
		PICK UP	<u>8:15 AM</u>

MENU**BREAKFAST THRU LINE**

COLD CEREAL AND MILK

FRUIT SALAD

YOGURT

ASSORTED PASTRIES

SCRAMBLED EGGS

BACON

HASH BROWNS

FRENCH TOAST

ASSORTED FRUIT JUICES

COFFEE/HOT TEA

PAPER PLASTIC BUFFET DROP

PRICE PP \$4.75TOTAL COST \$1,425.00

ADDITIONAL FEES

LABOR

Delivery Fees:

CENTRAL CAMPUS

NORTH MIAMI

EAST CAMPUS

GRIFFIN ROAD

KENDALL

OFF CAMPUS

TAX

TOTAL COST \$1,425.00**TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):****PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.72**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/21/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>THURSDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>11:30 AM</u>
		SERVING	<u>12:00 PM</u>
		PICK UP	<u>1:15 PM</u>

MENU**LUNCH THRU LINE**HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA

SALAD BAR

DELI SANDWICHES

DESSERTS

FOUNTAIN BEVERAGES

ICE WATER

PRICE PP	<u>\$6.25</u>
TOTAL COST	\$1,718.75
ADDITIONAL FEES	
LABOR	

Delivery Fees:
CENTRAL CAMPUS
NORTH MIAMI
EAST CAMPUS
GRIFFIN ROAD
KENDALL
OFF CAMPUS
TAX
TOTAL COST

\$1,718.75**TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):****PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.68**CATERING ARRANGEMENTS**

CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL

SIGNATURE AND 10-DIGIT ACCOUNT NUMBER

ARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/21/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>THURSDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>5:15 PM</u>
		SERVING	<u>5:45 PM</u>
		PICK UP	<u>7:00 PM</u>

MENU

DINNER THRU LINE
HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTS

FOUNTAIN BEVERAGES
ICE WATER

PRICE PP	<u>\$7.00</u>
TOTAL COST	<u>\$1,925.00</u>
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
NORTH MIAMI	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
OFF CAMPUS	
TAX	
TOTAL COST	<u>\$1,925.00</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

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ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

NUMBER A4284.73**CATERING ARRANGEMENTS**CATERING ARRANGEMENT IS NOT VALID W/O AN APPROVAL
SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/22/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>FRIDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>300</u>	FOOD BY	
GUARANTEED #	<u>300</u>	SET BY	<u>6:30 AM</u>
		SERVING	<u>7:00 AM</u>
		PICK UP	<u>8:15 AM</u>

MENU

BREAKFAST THRU LINE
COLD CEREAL AND MILK
FRUIT SALAD
YOGURT
ASSORTED PASTRIES
SCRAMBLED EGGS
BACON
HASH BROWNS
FRENCH TOAST
ASSORTED FRUIT JUICES
COFFEE/HOT TEA

PAPER PLASTIC BUFFET DROP

PRICE PP \$4.75
TOTAL COST \$1,425.00
ADDITIONAL FEES
LABOR
Delivery Fees:
CENTRAL CAMPUS
NORTH MIAMI
EAST CAMPUS
GRIFFIN ROAD
KENDALL
OFF CAMPUS
TAX
TOTAL COST \$1,425.00

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):PLEASE SIGN & FAX BACK TO ASSURE SERVICES

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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CATERER

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SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/22/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>FRIDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>11:30 AM</u>
		SERVING	<u>12:00 PM</u>
		PICK UP	<u>1:15 PM</u>

MENULUNCH THRU LINE
HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTSFOUNTAIN BEVERAGES
ICE WATER

PRICE PP	<u>\$6.25</u>
TOTAL COST	<u>\$1,718.75</u>
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
NORTH MIAMI	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
OFF CAMPUS	
TAX	
TOTAL COST	<u>\$1,718.75</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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SIGNATURE AND 10-DIGIT ACCOUNT NUMBERARAMARK Dining Services

DEPARTMENT	<u>BROWARD SCHOOL BOARD</u>	DATE OF SERVICES	<u>7/22/2005</u>
CONTACT	<u>MIKE ROLAND</u>	DAY OF WEEK	<u>FRIDAY</u>
FUNCTION	<u>HIGH SCHOOL LEADS</u>	LOCATION	<u>ROSENTHAL BLDG</u>
TELEPHONE #	<u>7543211201</u>	FAX #	<u>7543211205</u>
# OF GUESTS	<u>275</u>	FOOD BY	
GUARANTEED #	<u>275</u>	SET BY	<u>5:15 PM</u>
		SERVING	<u>5:45 PM</u>
		PICK UP	<u>7:00 PM</u>

MENU**DINNER THRU LINE**HOME STYLE HOT BUFFET
(MENU OF THE DAY)

PAPER PLASTIC BUFFET DROP

PIZZA
SALAD BAR
DELI SANDWICHES
DESSERTSFOUNTAIN BEVERAGES
ICE WATER

PRICE PP	<u>\$7.00</u>
TOTAL COST	\$1,925.00
ADDITIONAL FEES	
LABOR	
Delivery Fees:	
CENTRAL CAMPUS	
NORTH MIAMI	
EAST CAMPUS	
GRIFFIN ROAD	
KENDALL	
OFF CAMPUS	
TAX	
TOTAL COST	<u>\$1,925.00</u>

TABLE REQUIREMENTS (CLIENT'S RESPONSIBILITY):**PLEASE SIGN & FAX BACK TO ASSURE SERVICES**

SERVICES APPROVED BY: _____

DATE: _____

SERVICES BOOKED BY: DAVID BRADLEY 1/28/2005

ACCOUNT NUMBER (10-Digit Code):	PAY WITH CHECK
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Exhibit 3

Supporting Documentation


THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

The Department of Student Activities and Athletics

Telephone: (754) 321-1201, Facsimile: (754) 321-1205

February 3, 2005

TO: Marc Brown
Property Management and Site Acquisition

FROM: Michael H. Roland 
Student Activities and Athletics

SUBJECT: **SUMMER CAMP LEADERSHIP WORKSHOP CONTRACT**

Attached you will find a copy of the contract for the use of Nova Southeastern University's dorms for the summer leadership workshop, the South Florida Leadership Training Camp. In addition, I have enclosed a copy of the contract for meals.

As the delegates pay a registration fee, there is no financial impact to the Board.

Please expedite the approval of these contracts.

Thank you for your continued cooperation.