

JAMBALAYA AND JAZZ

Friday September 1, 2023

Dear Restaurant Owner,

As a very successful local restaurant, we appreciate your contributions to both the economy and quality of life in our community. My staff and I enjoy eating the delightful food you serve. It is our hope you will join us this year at our annual event.

Adoption Option Inc. Child Welfare Organization (AOICWO) was founded 19 years ago to support the needs of the Great Lakes Bay Region (GLBR) and surrounding areas. Our mission is to “improve the lives of the children and families we serve.” **Jambalaya and Jazz** is our annual signature event to both celebrate National Adoption Month in November and raise funds to support our efforts to help children and families in our community.

Adoption Option Inc. was initially founded to provide adoption services, help children in the foster care system and to share free information about adoption and foster care. Since then, we have added services to help families with children in foster care work to improve their parenting skills so that their children can be returned to their custody. In addition to offering evidence-based parent education services, we also offer teen mentoring services and other types of family preservation services.

Jambalaya & Jazz is a true food experience – a celebration of community, recognizing AOICWO for 19 years of service and our positive impact on children and families. This is an annual event that provides great marketing opportunities for all participating restaurants. As the name suggests, this celebration is a culinary experience for attendees as they sample amazing food from the best local restaurants.

We need your help! Here's how you can participate:

- ❖ Donate an “appetizer size” portion of an item from one of the 3 categories for approximately 225 guests.
 - Jambalaya
 - Comfort Food
 - Dessert
- ❖ Provide the necessary equipment for proper heating/cooling and serving of food (including food safety requirements (gloves, hats, hairnets, etc.).
- ❖ Send a team member(s) to serve the guests.
- ❖ Provide your marketing materials – business cards, brochures, decorations, etc. for your station.
- ❖ **Please Complete the attached Restaurant Sponsorship Commitment Form by September 25** so we can announce your participation at the October Midland Business Alliance, October Chamber of Commerce Breakfast in both Saginaw and Bay County



JAMBALAYA AND JAZZ

- ❖ Brand acknowledgement: onsite at the event, across multiple media channels – print and broadcast (GLBR), digital (Facebook, Instagram, AOICWO website)
- ❖ Jambalaya & Jazz event posters to place in your restaurant
- ❖ Table service and linens
- ❖ Additional volunteer support if needed.

WHEN: Thursday, November 16, 2023

WHAT TIME: 6pm – 8:30pm

WHERE: Great Hall Banquet & Convention Center
5121 Bay City Rd
Midland, MI 48642

Live Jazz Performance by the DJAM Band with guest soloist Gezelle Myers



With Honorary Chairs Michael and Claudia Goad

It is our hope that you will complete the enclosed form and join us at the event. If you return the form by August 31, we will begin marketing your restaurant's participation in September! In addition to bringing your wonderful food to this event, we hope you will also consider bringing some type of discount coupon, so that our guests will take that coupon as a reminder to visit your restaurant after this event. Thank you in advance for your consideration.

Warmest regards,

DeLois T. Leapheart
President & CEO
989.839.5034



*We hope you
can join us
this year!*

JAMBALAYA AND JAZZ

Food Category Selection Form

Owner/Manager: _____

Restaurant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

Categories

☐

Jambalaya

☐

Comfort Food

☐

Dessert

**Please respond by Friday, September 30, 2023 with
your Category selection**

☐ Yes! I am interested. By signing, I agree to attend the event and donate an appetizer size portion in the category of my choosing for 225 guests. **Please announce my participation at the MBA, Saginaw Chamber, Bay Chamber events.**

☐ Yes! I agree to donate but cannot send staff.

☐ Yes! I agree to donate a gift card of \$___ value to be used for silent auction.

Signature _____ Date _____

Please send to:

Mail: **Adoption Option Inc., PO Box 2225, Midland, MI 48641-2225**

Email with image: Jambalayaandjazz@aoicw.org

Questions please call 989.839.0534





5121 Bay City Road, Midland, Michigan 48642
Tele: (989) 496-2158 / Email: sales@greathallmi.com

**Adoption Option
Outside Food Vendor
Release of Liability**

It is the understanding of Great Hall Banquet & Convention Center that during the *Adoption Option* event being held on *November 16, 2023*, there will be outside vendors supplying food for the event.

By signing below, you acknowledge that you are responsible for the safe handling and dispensing of the items you provide and release the Great Hall Banquet & Convention Center, Midland, MI, from any and all liability, including illness and injuries that may occur as a result of the product you served.

THIRD PARTY SUPPLIERS: All Third Party Suppliers and/or Client providing services, products, equipment, food and any other outside items provided at Great Hall Banquet & Convention Center must carry adequate liability insurance. All food vendors must be licensed with the Health Department. If requested, Third Party must be able to provide verification of license and/or liability insurance. **THE THIRD PARTY ASSUMES ALL LIABILITY ASSOCIATED WITH ANY AND ALL OUTSIDE SERVICES, PRODUCTS, EQUIPMENT, FOOD AND ANY OTHER OUTSIDE ITEMS PROVIDED AND AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS GREAT HALL BANQUET & CONVENTION CENTER AND ALL ASSOCIATED PERSONNEL FROM AND AGAINST ANY AND ALL LOSSES, LIABILITIES, DAMAGES, COST, AND EXPENSES (INCLUDING, WITHOUT LIMITATION ATTORNEY FEES) ALLEGED OR INCURRED ARISING OUT OF OR RELATING TO THE EVENT.**

Sincerely,
Great Hall Banquet & Convention Center

I HAVE READ, UNDERSTAND AND AGREE TO THIS RELEASE OF LIABILITY. THIRD PARTY SUPPLIER ALSO ACKNOWLEDGES THAT THE PERSON SIGNING ON BEHALF OF THE THIRD PARTY SUPPLIER IS AUTHORIZED TO BIND THE THIRD PARTY SUPPLIER TO THE TERMS OF THIS AGREEMENT.

Third Party Supplier _____

Address _____

Phone _____

Signature/Date _____