

### Playground Proposal- Matching Grant (Option 1)

Edinburg School District #4  
Attn: Matt Graham  
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Date: 10/27/2009  
Ship To Zip: 62531

Quantity	Part #	Description	Unit Price	Amount
1	85137	Game Time - PSPlus Skyline Circle	\$35,359.00	\$35,359.00
1	178749	Game Time - Owner's Kit	\$44.00	\$44.00

Price does not include offloading, installation, safety surfacing or border materials.

\*To qualify for the 50% Matching Grant, payment in full must accompany your order. For orders requiring and qualifying for 30-day credit terms, the matching grant shall be limited to 45% off. Order must ship by December 31, 2009. This offer expires November 13, 2009.

SubTotal: \$35,403.00  
Discount: (\$17,679.50)  
Freight: \$2,113.12  
**Total Amount: \$19,836.62**

Pricing: Prices are firm for 30 days unless otherwise noted.

Shipment: Order shipped 30-45 day after receipt of order and acceptance of your purchase order, color selections, approved submittals,(if required)unless otherwise noted. It is the responsibility of the owner to offload and inventory equipment, unless other arrangements have been made. Missing or damaged equipment must be reported within 60 days of acceptance of delivery

Payment Terms: Net 30 days subject to approval by Credit Manager. A signed P.O. made out to Gametime C/O Recreation Concepts, Inc. or this signed quotation is required for all orders.

Acceptance of this proposal indicates your agreement to the terms and condition stated herein.

**Acceptance of quotation:**

Accepted By (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ P.O. No: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Amount: **\$19,836.62**

SALES TAX EXEMPTION CERTIFICATE #: \_\_\_\_\_

(PLEASE PROVIDE A COPY OF CERTIFICATE)

\_\_\_\_\_  
Salesman Signature

\_\_\_\_\_  
Customer Signature

**Playground Proposal- Matching Grant (Option 1)**

**QUOTE #:  
47524**

Date: 10/27/2009

**ORDER INFORMATION:**

Bill to: \_\_\_\_\_ Ship to: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_