

# Self-Advocates of Indiana's 2009 Annual Picnic Registration Form

## Self-Advocates of Indiana's Annual Picnic

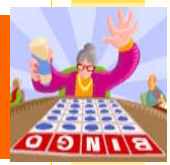
**Date:** July 10, 2009  
**Time:** 10am — 3pm  
**Where:** Post Road Community Park  
 1313 S Post Rd  
 Indianapolis, IN 46239  
**Cost:** \$5 per person  
 Covers all activities at the picnic,  
 including photographs, bingo, DJ,  
 and snowcones



**Food:** A catered lunch will be guaranteed  
 for those who register and pay  
 before **Friday, June 26, 2009**  
*Will not be able to accommodate  
 all dietary restrictions*



**There will be Bingo, photography  
 and  
 music by D.J. Shawn Fulton**



### Time Line of Events

during the Picnic between 10am—3pm

10 am - 11:30 am	Registration
10 am - 11:30 am	Self-Advocates of Indiana Board member candidate campaigns
11:30am - 1pm	Lunch Served
1pm - 3pm	BINGO & other activities



**All proceeds benefit  
 Self-Advocates of Indiana**



Register and pay by **Friday June 26, 2009** to reserve a catered lunch. Those who register and pay after Friday, June 26 will NOT be provided a lunch.

**Name of People Attending Event** (required to provide lunch ticket):

Self	Parents/	Support
<input type="checkbox"/> Advocates	<input type="checkbox"/> Family	<input type="checkbox"/> Staff <input type="checkbox"/> Other
Self	Parents/	Support
<input type="checkbox"/> Advocates	<input type="checkbox"/> Family	<input type="checkbox"/> Staff <input type="checkbox"/> Other
Self	Parents/	Support
<input type="checkbox"/> Advocates	<input type="checkbox"/> Family	<input type="checkbox"/> Staff <input type="checkbox"/> Other
Self	Parents/	Support
<input type="checkbox"/> Advocates	<input type="checkbox"/> Family	<input type="checkbox"/> Staff <input type="checkbox"/> Other

(Please Attach Additional Names Attending)

**Company/Agency** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ Total # of people attending \* \$5 per person = \$ \_\_\_\_\_ Total  
 (including self advocates, staff, family and others)

Please make checks payable to: **Self-Advocates of Indiana**  
 and mail to: Self-Advocates of Indiana  
 c/o The Arc of Indiana  
 107 North Pennsylvania Street, Suite 800  
 Indianapolis, IN 46204

For questions and concerns please contact Abby Gross.  
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