



**Celebrate the
20th Anniversary of
Self-Advocates of Indiana
& Americans with Disabilities Act
at the 2010 Annual Picnic**

Date: July 16, 2010
Time: 10am — 3pm
Where: Eagle Creek Park
 in Eagle's Crest Group Picnic Area
 7201 Fishback Road
 Indianapolis, IN 46278



Cost: \$7 per person
 Covers all activities at the picnic,
 including photographs, bingo,
 ring toss, DJ, and snowcones.

Food: A catered lunch will be guaranteed for
 those who register and pay before
Friday, July 2, 2010
*Will not be able to accommodate
 all dietary restrictions*



**There will be Bingo, Ring Toss,
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	Ring Toss & other activities
11:30am - 1 pm	Lunch Served
1 pm - 3pm	BINGO & other activities

**The Self-Advocates of Indiana will be selling
buttons to Celebrate their 20th Anniversary along
with that of the Americans with Disabilities Act.
Please purchase buttons for \$1.00 each.**

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



**Self-Advocates of Indiana's 2010 Annual Picnic
Registration Form**

Register and pay by **Friday July 2, 2010** to reserve a catered lunch. Those who register and pay after Friday, July 2 will NOT be provided a lunch.

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

Name of People Attending Event (required to provide lunch ticket):
 (Please Attach Additional Names Attending)

*By registering for this event you agree that any images of you
may be used by Self-Advocates of Indiana or The Arc of Indiana.*

Company/Agency (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

----- Total # of people attending * **\$7** 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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