



INDIA CULTURAL ASSOCIATION OF CENTRAL JERSEY

61 Corona Court, Old Bridge, NJ 08857-2852

www.icaofcj.org

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NIKHIL PATEL
RAJ VAKHARIA

Announcing

A SPECIAL TRIP FOR OUR SENIOR CITIZENS

Our eagerly awaited Senior Citizens program is here. We have planned an escorted tour of the Longwood Gardens. Seats are limited. Please mail your registration early. **Once the first bus is full, others will be placed on the waiting list.** Registration by mail only. Preference will be given to senior citizens. Snack and Dinner will be provided.

DATE : **Saturday August 21, 2010**

PLACE : **Longwood Gardens**

TIME : **1:00 PM to Midnight (Light Show at 9:15 PM)**

REGISTRATION: **BY MAIL ONLY** by August 7th, 2010
(Senior citizens with medical problems or disability
must be accompanied by an adult family member)

FEE: Seniors (Members): \$ 30.00 (65 years and above)
Non-Seniors/Non-members \$ 40.00

Bus will depart from the Dwarkadheesh Temple (on Washington Road in Sayreville, NJ) parking lot at **1:00 PM**. The bus ride will be approximately two hours long each way. Please arrange for your ride home as the bus will return to the **Dwarkadheesh Temple** parking lot around **Midnight**.

Senior Citizens Sub-Committee

Subhash Dalal
Rushi Kapadia
Vijaya Parmar

732-308-4350
732-583-1046
732-761-8785

Anant Joshi 732-679-8077
Keshavji Gada 732-536-1964



**REGISTRATION FOR THE SENIOR CITIZENS PROGRAM
(MUST BE MAILED BY AUGUST 7TH, 2010)**

**MAILING ADDRESS: -- ICA OF CJ
C/O Vijya Parmar
27 Carriage Way
Millstone Township, NJ 08510**

Make Checks Payable to ICA of CJ

NOTE: -- Please make sure to bring your own medicines. Senior citizens with medical problems or disability must be accompanied by an adult family member. The Association does not assume responsibility or liability for any medical emergency or personal injury.

PLEASE BRING SOME WARM CLOTHES SUCH AS A LIGHT JACKET, A SHAWL, A SCARF OR A SWEATER FOR THE TRIP.

ICA of CJ MEMBER'S NAME: _____

ICA MEMBERSHIP NUMBER: _____

ADDRESS: _____

CONTACT HOME & CELL TEL. #: _____

MEMBER: SENIOR CITIZENS' NAMES _____ **Age** _____

_____ **Age** _____

ACCOMPANYING ADULT'S NAME _____ **Age** _____

GUEST: SENIOR CITIZENS' NAMES: _____ **Age** _____

_____ **Age** _____

NUMBER OF SENIOR CITIZENS _____ **X \$ 30.00 =** _____

NUMBER OF NON-SENIORS/ NON-MEMBERS _____ **X \$ 40.00 =** _____

TOTAL AMOUNT ENCLOSED: \$ _____

MAKE YOUR CHECK PAYABLE TO ICA OF CJ

NOTE: ABSOLUTELY NO REFUNDS