



INDIA CULTURAL ASSOCIATION OF CENTRAL JERSEY

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www.icaofcj.org

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2018

2018 PICNIC

Dear Friends,

Summer is here, and it is time for our annual family picnic.
For your enjoyment, we will have food, games and activities for all ages.

Date: Sunday, July 29, 2018 from 10:30 AM to 6:30 PM (Rain or Shine)

Place: Riverside Park

490 River Road, Piscataway, New Jersey 08854

Registration: BY MAIL ONLY, Must Post Marked by no later than Saturday July 21, 2018

Members: \$8.00 per person [6 years and up]

Guests: \$10.00 per person

Under 6: No Charge but must register names of kids younger than 6 years

NOTE: NO REFUNDS. REGISTRATION AT PARK - \$ 12.00 per person for member and \$ 15.00 for guest.

Breakfast: Breakfast and tea will be served between 10:30 AM -11:30 AM

Lemonade Throughout the day

Lunch: Lunch will be served between 1:00 PM to 2:00 PM and early Dinner

Between 5:30 PM to 6:00 PM -- Pasta for children

Games and Activities:

- Competition Games for children
- Team sports – volleyball, horse shoe, cricket etc. for all ages
- Bingo
- Winners will be awarded prizes

EXCELLENT SPONSORSHIP OPPORTUNITY: BECOME PICNIC SPONSOR BY DONATING MINIMUM OF \$ 250 OR MORE. FOR MORE DETAILS, PLEASE CONTACT ANY ONE OF COMMITTEE MEMBER.

With Warm Regards (Picnic Committee):

Mihir Desai, Pradip Joshi, Himanshu Patel, Hardika Shah, Hetal Shah, Kapil Shah, Mahendra Shah, Mehul Shah, Minesh Shah, Rajan Shah, Rajesh Shah & Anil Vasani

NOTE: ICA of CJ, IT'S TRUSTEES AND EXECUTIVE COMMITTEE MEMBERS ASSUME NO LIABILITIES FOR PERSONAL INJURY, PROPERTY DAMAGE OR ANY OTHER LOSS THAT OCCURS DURING THE PICNIC.

Registration Form

Please fill out this registration form and mail it along with your check payable to ICA of CJ.

Registration form must be Post Marked on or before Saturday July 21, 2018 and Mail to:

Mr. HETAL SHAH

96 BREWSTER CIRCLE, OLD BRIDGE, NJ 08857 (No Phone Registration)

Note: Please write your membership number on your check.

Last Name: _____ First Name: _____

Spouse Last Name: _____ First Name: _____

Membership # _____

Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip Code: _____

Number of People Attending:

Number of Member: _____ X \$8.00 = \$ _____

Number of Guests: _____ X 10.00 = \$ _____

Number of Children under 6: _____ X \$0.00 = \$ _____ [All Kids Must Register]

= TOTAL \$ _____

Food Option: MUST FILL LINES BELOW – PASTA (FOR KIDS ONLY)

Number of kids for Pasta _____ Number of persons for Indian Food: _____

NOTE:

- **ABSOLUTELY NO REFUNDS**
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