



11th Annual AHA Abby Irwin Family Picnic

Saturday, June 12, 2010 • 11:00 am-4:00 pm • West Hills County Park, Group Picnic Area, Melville
Socializing for everyone!!!



- Games
- Softball
- Hiking
- Barbeque
- Volleyball
- Sibling activities



Register in advance. Online registration at www.ahany.org or fax or mail form with check or credit card information.

Suggested Donation: Children 12 and under: \$8.00. All others: \$10.00. Additional donations gratefully accepted.

Volunteers needed! If you have a few hours to help, phone 888.918.9198 or email Picnic@ahany.org

Horseback riding: Provided by MY SHINE Program, a nurturing equine program offering *group* lessons for individuals with special needs. Liability waiver must be signed at picnic to participate. Limited to first 20 registrants, \$25 per participant (*ages 3 and up*).

Pony Rides: Available from 12pm-1pm.

Directions:

Northern State Parkway to exit 40 (Rte. 110) South. Make first right onto Old Country Road. Make first right onto Sweet Hollow Road. Go under parkway and straight ahead at the intersection. Picnic ground is on the right about a 1/4 mile past the intersection. Parking Fee \$2.00 per car.

Cappell, Barnett, Matalon and Schoenfeld, LLP, employer of Leslie Feinberg, AHA member, made a generous donation to help defray the cost of our picnic.

Registration Form --- Deadline Friday, June 4th

Name: _____ E-Mail _____

Street/City/State/Zip: _____ Phone: _____

I give AHA permission to use photographs or videos of me and my group: yes no

Number of adults	_____	at \$10 each	\$ _____
Number of Children 12 and under	_____	at \$8 each	\$ _____
Number of Children 13 to 18	_____	at \$10 each	\$ _____
Horseback Riding	_____	at \$25 each	\$ _____
<i>(Please list names and ages on separate sheet.)</i>			
Additional Donation to help defray any costs	_____		\$ _____

TOTAL:

Circle: Master Card Visa AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____ Signature: _____

I can volunteer to help setup (9:30 am) _____

I can volunteer to help clean up _____

We are not able to accommodate special dietary requirements. Please bring your own food in this case.

Register at www.ahany.org or mail form to: AHA Assoc, PO Box 916, Bethpage, NY 11714-0916 Or fax to: 888.918.9198