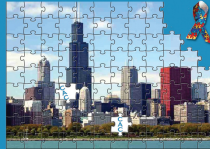




CHICAGOLAND
AUTISM
CONNECTION



THE CHICAGOLAND AUTISM CONNECTION
INVITES YOU TO OUR
ANNUAL PICNIC & WATER PARK OUTING
SATURDAY, AUGUST 5, 2017

TIME: Picnic: 4:30-6:00 p.m.

Water Park: 6:15-8:15p.m.

Once again, we have rented an entire waterpark for the exclusive use of our group. Enjoy an evening of fun under the supervision of lifeguards and surrounded by families and friends who share our concerns. There will be food and games at the picnic. Bring your lawn chairs or blankets.

PELICAN HARBOR AQUATIC PARK
200 Lindsey Lane, Bolingbrook, IL 60440
(2017 CAC members receive one free ticket)

\$10.00 per person in advance before August 2nd

\$15 after August 2nd /at the door

Get your tickets online at: www.chicagoautism.org

THIS EVENT IS FOR FAMILIES & FRIENDS OF PERSONS WITH AUTISM!

(Bus service is available on a first come – first serve basis)

1-2 persons - \$10.00 nonrefundable fee

3 -4 persons- \$15 nonrefundable fee

5 -6 persons- \$20 nonrefundable fee

(maximum of 6 bus spots per family)

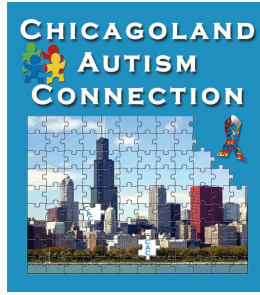
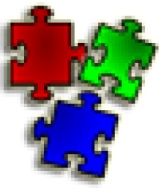
The bus will depart from 95th Ashland (outside Third Baptist Church)



have partnered with us to bring kid friendly sensory toys and information to the picnic. We are excited to bring you this new addition!

Celebrating a Birthday in the month of August? Let us know. Email us at kevans@chicagoautism.org

WE HOPE TO SEE YOU THERE!!



2017 Waterpark Party Ticket Form

Mail this form and your payment to: Chicagoland Autism Connection,
1803 W. 95th Street, Chicago, IL. 60643 by August 2nd .

PAID TICKETS ____ X \$10 = \$_____

 I am a 2017 CAC Member. Please include my one free ticket.

- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over
- NAME: _____ 12 and under 13 and Over

BUS SEATS RESERVED (Maximum of 6) X \$_____ Refundable Deposit = _____ (if paying by check, use a separate check which will be returned to you)

Total Enclosed: \$_____

Contact Name: _____

Phone No. (Indicate home or cell – cell preferred) _____

Address: _____

Email address: _____

*The **Chicagoland Autism Connection (CAC)** is a not-for profit 501(c)(3) organization whose mission is to increase autism awareness and improve the quality of life for children and adults with autism.*