

Chapter 35 Fall Conference

TWO GREAT PRESENTERS

SUPER LOW COST

HEALTHY LUNCH

HOLIDAY THEME BASKET AUCTION supporting EAF

EAF Auction--please bring a HOLIDAY THEMED basket or other items to help raise support dollars for EAF

CONFIRMED; we'll be auctioning a pair of tickets to the IU/PU game on 11/21 in Bloomington.

Fishers Train Station Community Building

11601 Municipal Dr. Fishers, IN

Friday, November 20, 2009
9:30am-3pm

Featured Presentations:

YUSA's Leadership Training System with Suzanne Mackey, YMCA of the USA: The next level in YMCA competency and certification training is now being implemented. This session will introduce you to the new system and what it means for your own and your YMCA's staff development plans.

Family Finances with Clint Kugler, Executive Director Parkview YMCA Branch: Whether you're looking for ways to help your members or for your own family, Clint will share how author Dave Ramsey's Financial Peace University program can help Y members and staff become more financially fit.

REGISTRATION FORM

Attendees Names:

AYP Member
 Guest

AYP Member
 Guest

AYP Member
 Guest

AYP Member
 Guest

Fee (includes lunch):
AYP Member: \$15/person
Guest: \$25/person
Team of 4: \$50/team

**Make check payable to :
AYP Chapter 35**

Mail completed Registration form
with payment to:

Gregg Hiland, Fishers YMCA
9012 East 126th Street
Fishers, IN 46038

For more info: (317)595-9622,
ext. 107

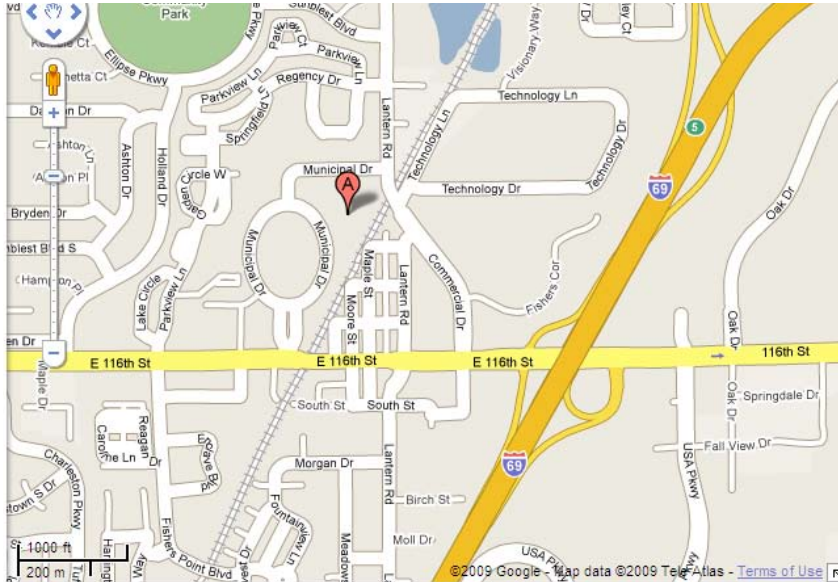
Register by November 17, 2009

YMCA: _____

Phone: _____

Total Enclosed: _____

Fall Conference Location Fishers Train Station Community Building



Directions:

I-69 to 116th St exit. Travel West to Municipal Drive (just past railroad tracks). Turn right. The building is on the right side and also houses the Fishers Chamber of Commerce.

Address: 11601 Municipal Dr. Fishers, IN

Phone: (317) 578-0700

Chapter 35 Emergency Assistance Fund Pledge *Yes! I want to contribute to the Emergency Assistance Fund in 2009.*

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

In order to assist my colleagues and their families in need, I agree to contribute the following sum in 2009:

\$ _____ Total Gift \$ _____ Payment Enclosed \$ _____ Balanced Pledged

Please bill me: Once Twice

Date(s): July 1 October 1

Unless otherwise indicated, I give my permission for my name to be included in the 2009 Emergency Assistance Fund Honor Roll to be published in *Perspective*.

Signature: _____

Date: _____

AYP Emergency Assistance Fund Gift Levels:

- | | |
|----------------|-------------|
| \$500 and over | Patron |
| \$250-\$499 | Sponsor |
| \$100-\$249 | Associate |
| \$1-\$99 | Contributor |

Mail to:
 AYP Office
 12 Broad St., Ste. 2-1
 Westerly, RI 02891