

**OPTICS ANNUAL PICNIC  
SATURDAY, SEPTEMBER 13, 2014  
GENESEE VALLEY PARK  
(ROUNDHOUSE SHELTER)**

**NAME:** \_\_\_\_\_

\_\_\_\_\_ Yes, I will attend the picnic  
Number of people attending \_\_\_\_\_

\_\_\_\_\_ No, I cannot attend the picnic

**Phone  
Number** \_\_\_\_\_

**Email  
Address** \_\_\_\_\_

\_\_\_\_\_ **I will help set up**

\_\_\_\_\_ **I will help clean up**

\_\_\_\_\_ **I will help coordinate children's activities**

\_\_\_\_\_ **I will arrive at the picnic early and post signs**

\_\_\_\_\_ **I will provide dessert**

\_\_\_\_\_ **I will provide an appetizer**

Return form to Gayle Thompson  
The Institute of Optics  
Voice 585-275-0056 Fax 585-271-1027