



ANNUAL PICNIC/HEALTH FAIR

Sponsored by:

RESDC, Ameritas Dental Plan, CIGNA Dental, Health Net, Kaiser Permanente, My Senior Health Plan.com, Pacific Group Agencies, Inc., United HealthCare, and San Diego County Credit Union.



Date: Wednesday, October 28, 2015, 10 am - 1 pm

Location: Admiral Baker Field

Directions to Admiral Baker Field:

Take Route 8 East to Mission Gorge Road, take Friars Road going west (left). Turn right on Santo Road. Turn right on Admiral Baker Road, turn right at the first stop. Proceed to the second kiosk and turn left. **Upon entering the park, there will be signs to direct you.** If using Route 15, turn east onto Friars Road and left on Santo Road, right on Admiral Baker Road and follow directions involving the signs and arrows.

All members, spouses and/or guests must pay \$5.00 each. The member's picnic fee will be refunded/returned at the registration desk upon checking in, thus making the member attending the picnic **free of charge**. Picnic is held rain or shine.

The menu will be barbecued beef, barbecued beans, coleslaw, rolls, beverages, and dessert. **Lunch will be served until 12:30 pm.**

To make reservations for the picnic, please complete the form below, indicating the names of those attending and include payment. Make your check payable to RESDC, enclose it with the reservation form and mail to: RESDC, 8825 Aero Drive, Suite 205, San Diego, CA 92123. Reservation forms and payment must be received in the RESDC office by **Friday, October 23.** Badge and raffle ticket packets should be picked up at the registration table at the picnic. They will not be mailed. **Cancel-lations will not be accepted after October 23.**

We need your reservation in advance to know how much food to order and to prepare envelopes with name tag(s) and raffle ticket(s). Charge for members, spouses and/or guests is \$5.00 each. **Member's fee will be returned if he/she attends.**

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HEALTH FAIR/PICNIC RESERVATION FORM

Member Name _____

Telephone # _____

E-mail Address _____

Name of Spouse or Guest _____

of Member, Spouse or Guest(s) at \$5.00 each _____ Total Enclosed \$ _____

Department and Year Retired _____