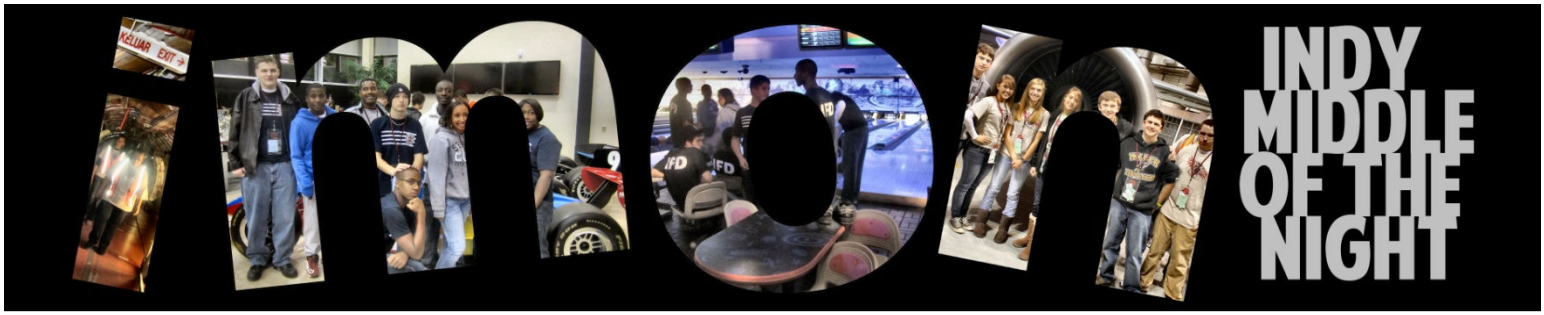


*What happens when the sun sets on Indy?* **SATURDAY. NOVEMBER 10, 2012**

Join us for the 20th annual Indy Middle of the Night to find out!
Start off the night at the Indiana Pacers v. Washington Wizards game, but from there, who knows where we will go?

*Past activities have included:*

- Indiana State Museum
- National Institute for Fitness and Sport
- War Veterans Museum
- Indianapolis International Airport
- Indiana State Armory
- Snapperz
- Ice Skating Rink
- Colts Training Complex
- Target Chip Ganassi Racing
- Sports of All Sorts
- Wish-TV Channel 8
- *Indianapolis Star*
- Hyatt Regency Hotel
- Fed Ex Hub
- and many others!!

**WHEN:** Saturday, November 10 from 7:00 p.m. until Sunday, November 11 at 7:00 a.m.

**WHO:** Central Indiana Explorers, Venturers & parents *(must be at least 14 years old to attend)*

**WHERE:** Event begins at Bankers Life Fieldhouse *(drop off & pick up details will be e-mailed a few weeks prior to the event)*

**COST:** **$40** *(incl. all entrance fees, bus transportation, pizza, snacks & T-shirt)*

**NOTE:** All activities will remain a **SECRET** to students *(parents who wish to know the schedule in advance may contact John Gower at 317-813-7113.)* A parent permission slip and health history form will be e-mailed to all registered students one week before the event. Students must turn in the completed form at event check-in.

## 2012 IMON REGISTRATION

**PLEASE PRINT** **REGISTRATION & PAYMENT MUST BE RECEIVED BY FRIDAY NOVEMBER 2** **NO WALK-INS!**

| FIRST | LAST | | |
|---|---|---|---|
| ADDRESS | | | |
| CITY | STATE | ZIP | |
| E-MAIL (REQUIRED - SEE ABOVE NOTE) | | | |
| ☐ YOUTH ☐ ADULT | ☐ CREW ☐ POST | LOCATION | UNIT # |
| AGE (if under 21) | GRADE | SCHOOL | |

T-SHIRT SIZE: ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult 2X ☐ Adult 3X

**PAYMENT**

Please mail your registration form and payment to: CAC Exploring, 7125 Fall Creek Rd. North, Indianapolis, IN 46256, or fax it to (317) 813-7126

☐ VISA ☐ MASTERCARD ☐ CASH/CHECK (made payable to CAC Exploring)

CARD NUMBER _____ EXP DATE_____ SECURITY CODE_____

NAME ON CARD_____ SIGNATURE_____DATE_____

OFFICE USE: 6AFIM