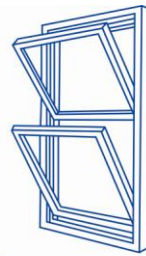


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"Simply the Best for Less"®

**July 26th**  
**6pm - 9pm**

# **PROGRESSIVE dinner**

HOSTED BY **John Andretti & Dave Wilson**

**THE WESTIN**  
INDIANAPOLIS

entertainment by:

50 South Capitol Ave. • Indianapolis, 46204  
Phone: (317) 262-8100 • Fax: (317) 231-3928



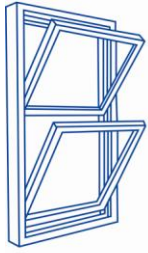
Jeffrey Jena

[www.jeffreyjena.com](http://www.jeffreyjena.com)

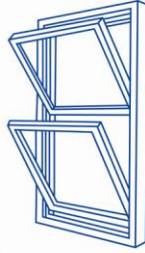
- The Greek Islands--gyros**
- Oaken Barrel--ribs**
- Shula's—blackened beef tips**
- St. Elmo's Steak House—shrimp cocktail**
- Judge's Barbeque—brisket and green beans**
- McCormick & Schmick's—clam chowder**
- Ruth's Chris Steak House—lobster appetizer**
- Hal's Fabulous Vegas—sin city salad**
- Mesh On Mass—slow cooker sandwiches**
- Rock Bottom—lobster & shrimp mac n cheese**
- Osteria Pronto**
- Velocity**
- KROGER—Desserts**
- Zink Distributing Co.—beer**
- The Indiana Wine Grape Council—wine**
- Brown Forman—liquor**



[www.adamcraigband.com](http://www.adamcraigband.com)



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# 2011 PROGRESSIVE dinner

Presented by

**THE WESTIN**  
INDIANAPOLIS

**LIMITED SEATING**

**SO YOU BETTER HURRY!**

***MUST BE 21 OR OLDER***



**PLEASE CUT ALONG THIS LINE AND MAIL TO THE RACE FOR RILEY ADDRESS BELOW**

Name: \_\_\_\_\_ Guest Name (Couples only) \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip code

I am enclosing a check or money order for the following:

\$ \_\_\_\_\_ = **\$100.00** for **each** person

\$ \_\_\_\_\_ = **\$170.00** for **each** couple

\$ \_\_\_\_\_ = **\$500.00** for **Winner's Circle/Table of 8** reserved

\$ \_\_\_\_\_ = **\$300.00** for **Suite Pass/Table of 4** reserved

\$ \_\_\_\_\_ = **TOTAL PAYMENT ENCLOSED**

**PLEASE MAIL YOUR COMPLETED  
RESERVATION FORM & PAYMENT TO:**

Margo Steele

Riley Children's Foundation

30 S. Meridian Street, Suite 200

Indianapolis, IN 46204

msteele@rileykids.org

phone: 317.634 4474

**(checks/money orders must be made payable  
Riley Children's Foundation)**

## Credit Card Information:

Cardholder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Card Type: Visa MasterCard Exp. Date: \_\_\_\_\_ Card Security Number: \_\_\_\_\_

Signature : \_\_\_\_\_