

Join Chelmsford Community Education and celebrate Spring.....



Daffodils at Blithewold Mansion &

Lunch at White's of Westport

April 28, 2010, Wednesday \$89 per person

For information, contact:

Chelmsford Community Education
(978) 251-5151 Fax: (978) 251-5154
www.ChelmsfordCommunityEducation.org

Celebrate the arrival of Spring in New England at Blithewold Mansion overlooking Narragansett Bay in Bristol, Rhode Island. We'll be treated to a guided tour of the mansion and stroll through the beautifully manicured gardens when the daffodils are at their peak!

Lunch will follow at White's of Westport - serving fabulous meals for the past 54 years!

Included in your day:

- ❖ Departure: 8:00 am
- ❖ Return: 4:45 pm
- ❖ Travel by luxury motorcoach
- ❖ Professional Tour Director
- ❖ Guided tour of Blithewold Mansion and Gardens
- ❖ Luncheon at White's of Westport
- ❖ Not Included - gratuities for Tour Director and Driver

Reservation Form

Return to: Chelmsford Community Education
170 Dalton Road
Chelmsford, MA 01824

Daffodils at Blithewold Mansion

Date: April 28, 2010
\$89.00 per person

Enclosed please find \$ 89 per person as full payment for _____person(s). **Full payment is due at time of registration.** Cancellations received after reservation and payment, no refunds (unless replacement found). Please note any health restrictions. Make check payable to: **Town of Chelmsford/Commed**

Name: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

In case of Emergency, contact: _____ Home phone: _____ Cell: _____

Signature indicates acceptance of all terms and conditions. Signature: _____

Chelmsford Community Education accepts MasterCard and VISA. Complete information below and FAX to (978) 251-5154

Please charge \$ _____ to my _____ MasterCard or _____ VISA Card. Number on card: _____

Expiration Date: _____ Print name as on card: _____ Signature: _____

Billing Address: _____ Phone: _____

Luncheon Selection: Broiled Native Scrod Dinner _____ Yankee Pot Roast _____ Baked Chicken Pie _____

All meals served with Mashed Potato, Vegetable du Jour and Coffee/Decaf/Tea & Brownie a la mode

PLEASE READ AND SIGN PARENTAL CONSENT FORM ON REVERSE SIDE

THIS SECTION INTENTIONALLY LEFT BLANK

**CHELMSFORD PUBLIC SCHOOLS (2009-2010)
PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT**

We the undersigned father and mother or guardian(s) of _____, a minor, do hereby consent to his/her participation in Chelmsford Community Education Programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Chelmsford, the Chelmsford Public Schools, a municipal department within the Town of Chelmsford, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, School Committee members, employees, servants and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Chelmsford Community Education Programs. FURTHERMORE, we/I hereby agree to protect the Town of Chelmsford, the Chelmsford Public Schools and its successors, departments, officers, School Committee members, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Chelmsford Community Education Programs, and to INDEMNIFY, reimburse or make good to the Town of Chelmsford, the Chelmsford Public Schools, or their successors, departments, officers, School Committee members, employees, servants and agents any loss or damages or costs, including attorney's fees, the School Department or the Town or their representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in Chelmsford Community Education Programs.

_____ Signature(s) of Parent(s) or Guardian(s)	_____ Relationship	_____ Date	
_____ Child's Last Name	_____ First Name	_____ Middle Initial	
_____ Home Street Address	_____ City/Town	_____ State	_____ Zip Code
Telephone No. _____	Date of Birth: Mo. _____	Day _____	Year _____
