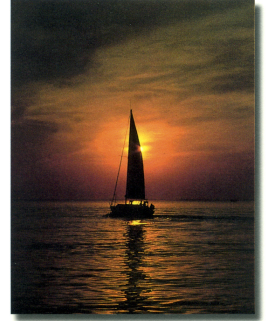


Chelmsford Community Education presents a day trip to ...

Block Island

April 28, 2012 Saturday Day Trip

Complete Cost \$89.00 Per Person



Block Island



Your Block Island Day trip will include:

- Roundtrip deluxe lav-equipped motorcoach transportation.
- Beverages and donuts served on board.
- Roundtrip Ferry Service between Point Judith, Rhode Island and Block Island. Block Island is located 15 miles off the coast.
- Luncheon included at Block Island's harbor restaurants, the National Hotel. (Indicate choice below)
- Narrated tour of the island with views of sandy beaches and towering seaside cliffs.
- Free time for shopping and exploring the quaint shops and art galleries.
- All taxes, tickets and gratuities for included features, except customary gratuities to driver/escort.
- Celebration Tours Escort throughout. Morning Departure - Late Afternoon Return

For reservations & information, contact:

Chelmsford Community Education

(978) 251-5151 Fax: (978) 251-5154

www.chelmsfordcommunityeducation.org

Block Island previously called Manisses ("Island of the Little God") by the Narragansett Indians, is a popular family vacation resort. Its only town, Old Harbor, has the look and feel of old New England, with white Victorian clapboard buildings lining its waterfront street. Consisting of just 11 square miles, the island was settled in 1661 and features many nature, bicycling and hiking trails and wildlife sanctuaries.

RESERVATION FORM

**RETURN: CHELMSFORD COMMUNITY EDUCATION
170 DALTON ROAD
CHELMSFORD, MA 01824**

**BLOCK ISLAND
DATE: APRIL 28, 2012
Complete Cost: \$89.00 PP**

Enclosed please find \$____ per person as payment in full for ____ person(s). Full payment is due at time of reservation. Cancellations received after reservation and payment, no refunds (unless replacement found). Please note any health restrictions. Make checks 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: _____

Traveling with: _____

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

Please charge \$____ to my __MasterCard, __ VISA Card. Number on card: _____

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

Billing Address: _____ Phone: _____

Luncheon Choice: __ Pan Fried Chicken Breast; __ Baked New England Scrod; or __ Crab Cakes

PLEASE READ AND SIGN PARENTAL CONSENT FORM ON REVERSE SIDE.

THIS SECTION INTENTIONALLY LEFT BLANK

CHELMSFORD PUBLIC SCHOOLS (2011-2012)

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.	_____ Child's Date of Birth: Mo.	_____ Day Year