

Chelmsford Community Education presents a trip to ...

Champion Boston Bruins



**Two Away Games! Cheer the Bruins to victory!
Saturday at the Islanders & Sunday against the Rangers!**

March 31 - April 1, 2012

(Saturday/Sunday) 2 Days/1 Nights

COMPLETE COST PER PERSON

\$399.00	Twin Basis
\$389.00	Triple Basis
\$379.00	Quad Basis
\$479.00	Single Basis
\$349.00	Child under 16
sharing room with two adults	

SPECIAL — The above rates reflect a Ranger ticket of \$115 face value. We have a limited number of tickets for the Rangers' game which would reduce above rates by \$50pp.

**FIRST COME-FIRST SERVED
LIMITED AVAILABILITY**

YOUR MOTORCOACH TRIP INCLUDES:

- Roundtrip deluxe motorcoach transportation throughout. (Lav-and video-equipped) (No alcoholic beverages or smoking allowed on coaches)
- Accommodations at the Marriott Hotel, Teaneck, NJ (or similar).
- Full American Breakfast Buffet at hotel.
- Free time in New York City.
- Reserved seating included for:
Saturday- 1:00 pm Islanders' game at the Nassau Veterans Memorial Coliseum, and
Sunday- 3:00 pm NY Rangers' game at Madison Square Garden.
- All taxes & gratuities for included features except customary gratuities to chambermaids, driver & escort.
- Celebration Tours Escort throughout.

Cancellation Waiver... Protects in case of Cancellation, for any reason, when office notified up to 48 hours prior to the day of departure. Amount must be included with deposit at time of reservation. Payments are non-refundable, non-transferable and valid for specified applicant/tour only. Payment does not cover any single supplement charging arising from a traveling companion's electing to cancel. Waiver Fee...\$39 per person
Note: Waiver not available on new reservations received within 30 days prior to departure.

**For reservations & information, contact:
Chelmsford Community Education (978) 251-5151 Fax: (978) 251-5154
www.chelmsfordcommunityeducation.org**

RESERVATION FORM

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

**BOSTON BRUINS WEEKEND AWAY GAMES
DATE: MARCH 31—APRIL 1, 2012
__ Twin __ Triple __ Quad __ Single __ Child under 12
Waiver: __ Yes or __ No Thank You**

Enclosed please find \$___ pp as deposit, or payment in full for ___ person(s). \$100 pp deposit is due at time of reservation. Final payment due February 29th. Cancellations received prior to February 29th—\$50 pp fee. Cancellations received within 35-16 days, \$100pp fee. No refunds for cancellations received with 16 days of departure. 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: _____

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 _____