

Chelmsford Community Education presents a day trip to ...

Clambake on Cabbage Island Maine

July 14, 2012 Saturday Day Trip
Complete Rate \$119.00 Per Person



Cabbage Island
Cabbage Island is 5 1/2 acres of unparalleled beauty in the Heart of Linekin Bay. Enjoy panoramic scenes as you explore this quiet island. On your trip to

the Island, the *Argo* will explore scenic coastlines with lighthouses as well as seals, ospreys and other wildlife.

YOUR MAINE CLAMBAKE INCLUDE:

- **Deluxe air-conditioned, lav-equipped motorcoach transportation throughout. Morning departure-late afternoon return.**
- **Stop in charming Freeport Maine with time to browse or perhaps visit L. L. Bean, visit their home goods and clothing departments,... L. L. Bean is more than just a catalog!**
- **Board the *Argo* from Pier 6 at Boothbay Harbor for harbor tour.**
- **Luncheon included is a traditional Maine Clambake on Cabbage Island including: NE Fish Chowder, white steamed clams, two luscious Maine Lobsters, Corn on the Cob, Maine potatoes, onions, rolls & butter, blueberry crumb cake, with coffee and tea. (Chicken available by prior request)**
- **All taxes and gratuities for included features except customary gratuities to driver & escort.**
- **Celebration Tours escort throughout.**

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**

**CABBAGE ISLAND
DATE: JULY 14, 2012
Complete Cost: \$119.00 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: _____

Please note here if Chicken Dinner is requested: _____ Yes Chicken Dinner

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