

Chelmsford Community Education presents...

Connecticut River

River Cruise & Steam Train Ride

May 22, 2010
Saturday Day Trip

Complete Cost \$89 per person



For more information and reservations, contact:

**Chelmsford Community
Education**

(978) 251-5151

Fax: (978) 251-5154

www.chelmsfordcommunityeducation.org

Full payment due with reservation.

YOUR DAY TRIP WILL INCLUDE:

- **Deluxe air-conditioned, lav-equipped motorcoach transportation.**
- **Depart approximately 8:30 am**
- **Beverages & donuts served en route.**
- **Enjoy a 10-mile scenic train ride aboard a nineteenth-century Steam Train.**
- **Relax on a one-hour cruise on the beautiful Connecticut River aboard a Riverboat, past hilltop mansions and the Gillette Castle.**
- **Luncheon included at the Griswold Inn with choice of: Yankee Pot Roast or Roasted Pork Loin (or similar).**
- **Time for shopping and browsing at Olde Mystic Village.**
- **All taxes and gratuities for included features except customary gratuities to driver & escort.**
- **Celebration Tours escort throughout.**



Cancellation Policy: Cancellations received after full payment until 16 days prior to departure-\$25 pp fee. No refunds for cancellations received within 15 days prior to departure.
Cancellation Waiver...Protects in case of cancellation for any reason.

Waiver fee must be included with deposit at time of reservation.
Waiver fees are non-refundable, non-transferable and valid for specified applicant/tour only. Not available on reservations made within 30 days of trip. **Waiver Fee — \$10 pp**

RESERVATION FORM

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

**CONNECTICUT RIVER Day Trip
DATE: MAY 22, 2010
Complete Cost: \$89.00 PP
Waiver Fee: Yes No thank you**

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: _____

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 Selection: — Yankee Pot Roast or Roasted Port Loin (Selections subject to change)

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 _____
