

Chelmsford Community Education presents ...
Cruise to the Isles of Shoals
from Portsmouth, NH
June 19, 2010 (Saturday Day Trip)
Complete Cost \$89.00 per person



Isles of Shoals ... Six miles off the coast and straddling the border of Maine and New Hampshire, the nine small islands known as the Isles of Shoals comprise one of New England's most remarkable maritime treasures. Announced to the Western world by Capt. John Smith of the Pocahontas fame, they have been the haven for pirates and a summer retreat for the well-to-do.

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 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**

YOUR DAY TRIP INCLUDES:

- Round trip deluxe motorcoach transportation. Depart approximately 8:00 am. Return approximately 6:00 pm
- Coach travels to Portsmouth, NH where you will board your excursion boat for a three-hour narrated cruise to the Isles of Shoals.
- Enjoy luncheon in Hampton, NH at the Old Salt Restaurant. Menu selection below.
- Following lunch, coach will travel to famous Hampton Beach where you will have time to browse the shops or take a walk along the beach.
- All taxes and gratuities for driver and escort are not included.
- Celebration Tours Escort.

For reservations and 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**

**Isles of Shoals Day Trip
 DATE: JUNE 19, 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: _____

PLEASE READ AND SIGN PARENTAL CONSENT FORM ON REVERSE SIDE.

Select one: Sirloin Tips, Haddock Au Gratin or Boneless Breast of Chicken

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 _____
