

Chelmsford Community Education presents a trip to ...



Niagara Falls Canada

May 31—June 3, 2012

(Thursday/Sunday) 4 Days/3 Nights

COMPLETE COST PER PERSON

\$549.00 Twin Basis
\$539.00 Triple Basis
\$529.00 Quad Basis
\$749.00 Single Basis
\$389.00 Child under 16
sharing room with
two full paying adults

YOUR NIAGARA FALLS PACKAGE INCLUDES:

- Deluxe lav-equipped motorcoach transportation throughout.
- Beverages and donuts served upon departure.
- Accommodations at the Radisson Hotel near the Falls in Niagara Falls (Canadian side) (or similar).
- Three Breakfasts / Three Dinners (to include Skylon Tower & Betty's Restaurant).
- Included in Niagara Falls, admission to the magnificent Maid of the Mist Boat Ride under the mighty Falls.
- Visit to beautiful Niagara-on-the-Lake.
- Visit to Rossi Glass & admission to IMAX theatre.
- Free time for browsing or visiting Clifton Hill.
- Time to visit the Casino in Niagara Falls and test "Lady Luck"!
- All taxes and gratuities for included features excluding customary gratuities to driver and escort.
- Celebration Tours Escort throughout.
- VALID PASSPORT REQUIRED.

*For reservations & information,
 contact:*

Chelmsford Community Education
(978) 251-5151 Fax: (978) 251-5154

www.chelmsfordcommunityeducation.org

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...\$50 per person**
 Note: Waiver not available on new reservations received within 30 days prior to departure.

RESERVATION FORM

Return to: **CHELMSFORD COMMUNITY EDUCATION**
170 DALTON ROAD
CHELMSFORD MA 01824

NIAGARA FALLS CANADA
DATE: MAY 31-JUNE 3, 2012
Twin __ Triple __ Quad __ Single __ Child __
Waiver: __ Yes __ No Thank You

Enclosed please find \$_____ pp as ___deposit; or ___payment in full for ___ person(s). \$100 pp deposit due with reservation. Full payment due 35 days prior to departure. Cancellation received up to 35 days prior to departure, \$50pp fee. Cancellation received within 35-16 days, \$100pp fee. No refunds for cancellations received within 15 days of departure. Please note any health restrictions. Please make checks payable to: **TOWN OF CHELMSFORD/COMMED**

Name _____ Home Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____

Name(s) of Roommate(s) _____ 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. 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