

Join Chelmsford Community Education in beautiful ...

# Washington, D.C. plus The Red Sox at Baltimore!



June 3--7, 2010  
(Thursday/Monday) 5 Day/4 Night Getaway



<b>COMPLETE COST Per Person</b>	
<b>\$699.00</b>	<b>TWIN BASIS</b>
<b>\$679.00</b>	<b>TRIPLE BASIS</b>
<b>\$659.00</b>	<b>QUAD BASIS</b>
<b>\$899.00</b>	<b>SINGLE BASIS</b>

For information, contact:

Chelmsford Community Education

(978) 251-5151 Fax: (978) 251-5154

[www.chelmsfordcommunityeducation.org](http://www.chelmsfordcommunityeducation.org)

**Space Limited!**

**First Come-First Served!**



**YOUR TOUR INCLUDES:**

- Round-trip, air-conditioned motorcoach transportation.
- Beverages & donuts served en route.
- Eight (8) meals: 4 Breakfasts, 4 Dinners.
- 4-nights at the Holiday Inn in Laurel, MD (or similar).
- Dinner Theatre featuring the musical extravaganza “Joseph and the Technicolor Dreamcoat” (or similar).
- Tours of: Arlington National Cemetery & Annapolis.
- Visit: The Capitol, Smithsonian Institute, National Shrine, World War II Memorial, etc. White House & Bureau of Printing and Engraving on request.
- Monuments tour “By Night”, including Jefferson, Lincoln, Viet Nam, Korean Memorial, etc.
- RED SOX vs. BALTIMORE ORIOLES GAME at CAMDEN YARDS BALTIMORE. Game ticket includes “all-you-can-eat” picnic!
- All taxes and gratuities for included features except, customary gratuities to driver and escort.
- Celebration Tours escort throughout.
- NOTE: Mass celebrated at the National Shrine of the Immaculate Conception in Washington (if schedule allows).

Cancellation Waiver... Protects in case of cancellation, for any reason, when office notified up to 24 hours prior to the day of departure.

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. Payment does not cover any single supplement charge arising from a traveling companion’s electing to cancel. Cancellation waiver not available for new reservations made within 30 days of departure.

**Waiver Fee..\$50 pp**

**RESERVATION FORM**

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

**Washington DC with Sox game in Baltimore**

**DATE: JUNE 3—7, 2010**

**\_\_\_ Twin\_\_\_ Triple \_\_\_ Quad \_\_\_ Single**

**Cancellation Waiver: \_\_\_ Yes \_\_\_ No Thank You**

Enclosed please find \$ \_\_\_ pp as deposit; payment in full for \_\_\_ person(s). \$200pp deposit is due at time of reservation. Final payment due March 29th. Cancellations received prior to March 29th—\$25pp fee. Cancellation received March 29th to April 13th—\$100pp fee. No refunds for cancellations received within 15 days of departure. Please note any health restrictions.

Please make checks payable to the: TOWN OF CHELMSFORD/COMMED

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Names(s) of Roommate(s): \_\_\_\_\_

Signature indicates acceptance of all terms and conditions. Signature: \_\_\_\_\_

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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

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**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 _____

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