

Chelmsford Community Education presents a trip to ...

# Washington, D.C.



April 12-15th, 2012 (Thu/Sun)  
4 Days/3 Nights  
Cherry Blossom Parade!

## COMPLETE COST Per Person

<b>\$ 499.00</b>	<b>TWIN BASIS</b>
<b>\$ 489.00</b>	<b>TRIPLE BASIS</b>
<b>\$ 479.00</b>	<b>QUAD BASIS</b>
<b>\$ 649.00</b>	<b>SINGLE BASIS</b>
<b>\$ 349.00</b>	<b>Child under 12 sharing with 2 adults at twin rate</b>

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. Cancellation waiver not available for new reservations made within 30 days of departure. **Waiver Fee..\$50 pp**

## YOUR TOUR INCLUDES:

- Round-trip, air-conditioned motorcoach transportation.
- Beverages & donuts served en route.
- Six (6) meals: 3 Breakfasts, 3 dinners. (Dinner included at the popular Sir Walter Raleigh Inn.)
- 3-nights at the Best Western Elkridge MD (or similar).
- Dinner Theatre featuring a musical revue to be advised.
- Tour of Arlington National Cemetery.
- Visit The Capitol, Smithsonian Institute National Shrine & World War II Memorial. See Cherry Blossom Parade!
- Monument tour "By Night", including Jefferson, Lincoln, Viet Nam, Viet Nam Veterans Women's Memorial, Korean Memorial, etc.
- Guided tour of the Annapolis Naval Academy.
- All taxes and gratuities for included features except customary gratuities to driver and 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 to: **CHELMSFORD COMMUNITY EDUCATION**  
**170 DALTON ROAD**  
**CHELMSFORD MA 01824**

**WASHINGTON, D. C.**

**DATE: APRIL 12-15, 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: \_\_\_\_\_

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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. 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 _____