

New York City Day Trip - \$69 per person



Wednesday, August 18, 2010

For information, contact:

Chelmsford Community Education
(978) 251-5151 Fax: (978) 251-5154
www.ChelmsfordCommunityEducation.org

Arrive in *The Big Apple* by 11:30am for a full day of shopping, exploring and eating, with time to even see a matinee performance on Broadway!

You'll be dropped off in *Time Square* and picked-up at the same location at 7pm. There is plenty of room on the bus for bags filled with all the bargains found while shopping.

NOTE: We recommend that you call (978) 256-6559 (Unicorn Tours) **before you purchase** any non-refundable Broadway tickets to be sure we have reached the **required 30 passengers** for guaranteed departure.

Included in your day:

- ❖ Departure: 6:30 am from Drum Hill Hannaford's Supermarket - left side
- ❖ Return: approx. 12:00pm (midnight)
- ❖ Travel by luxury motorcoach
- ❖ Fully escorted
- ❖ Games and movies on the bus
- ❖ Shopping, exploring & eating - plus time to see a matinee performance (if desired, see **note** on left)
- ❖ Not Included - gratuities for Tour Director and Driver

Reservation Form

Return to: Chelmsford Community Education
170 Dalton Road
Chelmsford, MA 01824

New York City Day Trip
Date: August 18, 2010
\$69.00 per person

Enclosed please find \$ 69 per person as full payment for _____ person(s). **Full payment is due at time of registration.** Cancellations received after reservation and payment, no refunds (unless replacement found). Please note any health restrictions. Make check 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 or _____ 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

**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 _____
