

*Join Chelmsford Community Education on a day trip to ...*



# New York's Statue of Liberty & Ellis Island

*July 24, 2010 Saturday Day Trip  
Complete Cost \$79.00 Per Person*

**For information and  
reservations, contact:**

***Chelmsford Community  
Education***

***Phone: (978) 251-5151 or***

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

***www.ChelmsfordCommunityEducation.org***

**NEW YORK DAY TRIP INCLUDES:**

- ◆ Round-trip, deluxe lav-equipped motorcoach transportation.
- ◆ Depart approximately 6:00 am  
Return approximately 11:00 pm
- ◆ Refreshments served on board.
- ◆ Roundtrip ferry included from New Jersey's Liberty Park to the Statue of Liberty and a visit to the recently restored Ellis Island (cafeteria at Ellis Island available for lunch on own).
- ◆ All taxes for included features except customary gratuities to driver & escort.
- ◆ Celebration Tours escort throughout.

**RESERVATION FORM**

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

**STATUE & ELLIS ISLAND  
DATE: July 24, 2010  
RATE: \$79 per person**

Enclosed please find \$\_\_\_\_per person as payment in full for \_\_\_\_ person(s). Full payment is due at time of reservation. No refunds for cancellations received within 7 days of departure or no shows on day of departure. Please note any health restrictions for a handicapped person. Signature below indicates acceptance of all terms and conditions. Please make checks payable to: **TOWN OF CHELMSFORD/COMMED**

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

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

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

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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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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