

Chelmsford Community Education Presents...



The **BOSTON RED SOX** vs. **BALTIMORE ORIOLES**

August 31-September 2nd, 2010
(Tuesday/Thursday)

COMPLETE COST PER PERSON

\$399.00	Twin Basis
\$389.00	Triple Basis
\$379.00	Quad Basis
\$509.00	Single Basis
\$299.00	Child under 12 sharing room with two adults paying twin rate

Baltimore, Maryland (3 Days - 2 Nights)

YOUR BALTIMORE PACKAGE INCLUDES:

- Deluxe lav-equipped motorcoach transportation.
- Beverages and donuts served upon departure.
- Two nights at the Westin Hotel, or similar, centrally located.
- Reserved seating for two games at Camden Yards (schedule to be advised).
- Full American Breakfast included at hotel.
- Admission to Camden Yards for an informative narrated stadium tour.
- Two-hour narrated sightseeing of Baltimore with time to browse Baltimore's Harbor Place.
- Delightful harbor cruise with narration by your skipper of this beautiful and busy major port.
- All taxes and gratuities for included features excluding customary gratuities to driver and escort.
- Celebration Tours Escort throughout.



*For reservations,
contact:
Chelmsford
Community Education*

**Phone: (978) 251-5151 or
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...\$40 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

RED SOX AT BALTIMORE TRIP
DATE: August 31-Sept 2, 2010
Twin __ Triple __ Quad __ Single __
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 days, \$50pp fee plus any applicable tour/ticket penalties. No refunds for cancellations received within 7 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 (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 _____
