

Chelmsford Community Education presents ...



James Taylor & Carole King at Tanglewood

July 4th, 2010 Fireworks too!

Sunday Evening Trip

Complete Cost \$169.00 pp Shed Seating

Complete Cost \$139.00 pp Lawn Seating

WHAT'S INCLUDED:

- Deluxe air-conditioned, lav-equipped motorcoach transportation. Depart approximately 1:00 pm. Late return (Concert starts at 7:00 pm)
- Refreshments served upon departure.
- Time for browsing downtown Stockbridge.
- Your coach will travel to Michael's Restaurant for dinner, with your choice of main course: Herb Encrusted, Oven Roasted Roast Beef Topped with Brown Gravy, Baked Stuffed Chicken with Bread Stuffing covered with Supreme Sauce, Baked Boston Scrod with seasoned bread crumb topping. Please note your selection below.
- Reserved seating at Tanglewood - James Taylor and Carole King perform as part of their 2010 World Tour, featuring a band of legendary musicians. (Fireworks follow July 4th concert)
- All taxes, service charges and gratuities for included features excluding customary gratuities to driver and escort.
- Tour escort throughout.

For reservations & information, contact:

Chelmsford Community Education

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

www.chelmsfordcommunityeducation.org



Celebration Tours

500 Victory road, No. Quincy MA 02171
(617) 696-1900 * (800) 792-5208

RESERVATION FORM—James Taylor & Carole King

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

TANGLEWOOD
DATE: July 4th, 2010
RATE: \$169 PP—Shed
\$139 pp—Lawn

Enclosed please find \$ _____ for _____ person(s). Full payment due with reservation. Cancellations received after payment until 16 prior to departure—\$25 pp fee. No refunds for cancellations received within 15 days of departure. Space Limited – Special Performance! Please note any health restrictions. Make checks payable to: TOWN OF CHELMSFORD/COMMED

Name _____ Home Phone: _____ Cell: _____

Address _____ City _____ State _____ Zip _____

Traveling with: _____ 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 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.

Selection: _____ Roast Beef _____ Baked Stuffed Chicken _____ Baked Boston Scrod

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 _____
