



CAMILLUS SENIOR CENTER

# **SARATOGA -A DAY AT THE RACES**

Wednesday, August 14, 2024

8:00 a.m. – 8:00 p.m.

**COST:** \$110.00 PER PERSON (MAKE CHECK PAYABLE TO ONONDAGA COACH – do not post date your check) Non-refundable tour unless replacement is found, travelers insurance highly recommended. Driver & escort gratuity not included

Town of Camillus residents may register beginning February 12<sup>th</sup>. Non-residents may register beginning March 12<sup>th</sup>

Tour includes admission to the Saratoga Racetrack Grandstand and \$10 food/beverage voucher. Our seats are in the fully covered grandstand but you will be able to explore the grounds and enter the clubs. Racetime is 1:00 p.m.

There is walking involved in this trip and bus stairs to climb. Seniors with limitations **MUST** sign up with a companion (age 55+) who is willing and able to assist.

Motorcoach departs from the LOWE’S back parking lot (5377 W. Genesee St) at 8:00 a.m. and returns at approx. 8:00 p.m.

PLEASE RETURN THE BOTTOM PORTION OF THIS FLYER  
ALONG WITH CHECK MADE PAYABLE TO **ONONDAGA COACH** TO  
Camillus Senior Center, 27 First Street, Camillus, NY 13031

THIS TRIP IS COORDINATED BY ONONDAGA COACH Questions? Call (800) 451-1570  
SEE REVERSE SIDE FOR ONONDAGA COACH TRIP POLICIES

\*\*\*\*\*CUT HERE\*\*



### SARATOGA RACETRACK TRIP REGISTRATION FORM 110

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Town of Camillus Resident? Y \_\_\_ N \_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_ I have read the policies – Check Here

Seat Mate \_\_\_\_\_

**RELEASE:** I hereby release the Town of Camillus and any of its staff from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to me when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed below which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization.

Special health concerns:  
\_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**