



CAMILLUS SENIOR CENTER
CORNING MUSEUM OF GLASS TRIP

Wednesday, September 18, 2024
8:00 a.m. – 6:15 p.m.

COST: \$130.00 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 12th. Non-residents may register beginning March 12th

Tour includes admission to the Corning Museum of Glass, participation in a "Make Your Own Ornament" class, and a \$20 lunch or gift voucher. We will stop Sauder's Market on the way home.

Make your own ornament: You will pick out colors for your ornament and use a foot petal to inflate the glass. Ornaments need to cool overnight and will be shipped to Onondaga Coach and delivered to the senior center for pick-up.

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. 6:15 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**

CORNING MUSEUM OF GLASS TRIP REGISTRATION FORM 130



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