



CAMILLUS SENIOR CENTER
FALL MYSTERY TRIP
 Wednesday, October 2, 2024
 8:00 a.m. – 7:00 p.m.



COST: \$99.00 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 & Onondaga Coach escort gratuity not included

Town of Camillus residents may register beginning February 12th. Non-residents may register beginning March 12th

What’s Happening?? Where are we going? Want some Clues?? NOPE!!! These trip details are TOP SECRET!

We can’t tell you where we are going but you won’t be disappointed. Wear comfortable footwear and a jacket.

There is some 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. 7:00 p.m. **WE HOPE TO TAKE 2 BUSES FOR THIS TRIP**

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**



FALL MYSTERY TRIP REGISTRATION FORM 99

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**