



CAMILLUS SENIOR CENTER  
**A CLASSIC CHRISTMAS HOLIDAY SHOW**  
**@ TURNING STONE CASINO**  
 Thursday, December 12, 2024  
 10:00 a.m. – 6:00 p.m.



**COST:** \$75.00 Town of Camillus residents/ \$80.00 for non-residents  
 Make checks payable to Camillus Senior Center – Do not post date your check  
 Town of Camillus residents may register beginning February 12<sup>th</sup>, Non-residents may register beginning March 12<sup>th</sup>.

Come celebrate the holiday season with this classic Christmas show. This show stars Chris Ruggiero and includes such hits as Sleigh Ride, Marshmallow World, This Christmas, Most Wonderful Time of the Year, along with some of the hottest hits from the 50's and 60's. Whether you're a teenager of the 50's and 60's or just love amazing music, this high energy hits and holiday spectacular will put you into the holiday spirit.

You will receive \$25 Slot Play, \$5 Food Credit, the Matinee Show and round trip transportation aboard a deluxe motorcoach. We will need your Turning Stone Reward number to redeem package. If you don't have a reward card, they will issue you one when you arrive.

There is some walking involved in this trip and there are 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 10:00 a.m. and returns at approx. 6:00 p.m.

Questions? Call Senior Coordinator at (315) 672-5820  
 PLEASE RETURN THE BOTTOM PORTION OF THIS FLYER

ALONG WITH CHECK MADE PAYABLE TO **CAMILLUS SENIOR CENTER**  
 27 First Street, Camillus, NY 13031

SEE REVERSE SIDE FOR CAMILLUS SENIOR CENTER TRIP POLICIES

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

CLASSIC CHRISTMAS SHOW AT TURNING STONE TRIP REGISTRATION FORM 75/80



Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Turning Stone Reward Number \_\_\_\_\_ I have read the policies on back– Check Here

**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**