



CAMILLUS SENIOR CENTER

**TURNING STONE CASINO TRIPS**

SPRING: Monday, April 29, 2024  
FALL: Monday, September 30, 2024  
10:00 a.m. – 5:00 p.m.



**COST:** \$20.00 Town of Camillus residents/ \$25.00 for non-residents Make check 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>

Enjoy a leisurely day at Turning Stone Casino. Join in on the bingo games, play the slots, dine in the restaurants, or shop the boutiques. Everyone will receive a \$15 free play card for slots or bingo and a \$5 food voucher. You must bring a valid ID (driver’s license) and your Turning Stone card. If you don’t have a card, you can sign up when we arrive.

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 10:00 a.m. and returns at approx. 5:00 p.m.

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

Questions? Call Senior Coordinator at (315) 672-5820  
SEE REVERSE SIDE FOR TRIP POLICIES

\*\*\*\*\*CUT HERE\*\*\*\*\*  
TURNING STONE CASINO TRIP REGISTRATION FORM 20/25 each trip



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

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

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

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

**SPRING 4/29** \_\_\_\_\_

**FALL 9/30** \_\_\_\_\_

**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**