



CAMILLUS SENIOR CENTER

**LAKE GEORGE BOAT CRUISE**

Wednesday, June 11, 2025

7:00 a.m. – 6:00 p.m.

COST: \$115.00 Town of Camillus residents/ \$125.00 for non-residents (includes gratuity)  
Make checks payable to Camillus Senior Center – Do not postdate your check. To register with a credit card, stop into office or call (315) 672-5820. A fee will be charged.

Residents may register beginning February 18<sup>th</sup>, Non-residents may register beginning March 18<sup>th</sup>

After a morning coffee stop on the thruway, enjoy a luncheon cruise aboard the 190 foot sailing vessel, Lac du Saint Sacrement on the beautiful waters of Lake George. Buffet includes a salad bar, soup, 3 hot entrees: chicken, fish and vegetarian, a carving station, assorted breads and rolls, non-alcoholic beverages and dessert. Entertainment will also be provided for your enjoyment. After dining, relax in your seat in the climate controlled dining room or head topside to enjoy the fresh air on the outer decks. Rest stop on thruway on the way home.

There is little walking involved in this trip but 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 7:00 a.m. and returns at approx. 6:00 p.m.

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

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

LAKE GEORGE TRIP REGISTRATION FORM 115/125



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

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

Email Address \_\_\_\_\_

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

I have read the policies – 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**

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