



CAMILLUS SENIOR CENTER
A VERY BARRY CHRISTMAS SHOW
@ TURNING STONE CASINO
 Thursday, December 11, 2025
 10:00 a.m. – 6:00 p.m.

COST: \$82.00 Town of Camillus residents/ \$87.00 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.
 Town of Camillus residents may register beginning February 18th, Non-residents may register beginning March 18th.

Come celebrate the holiday season with this Barry Manilow Hits and Holiday Tribute show. This show is a festive celebration with classic hits and holiday favorites as you are taken on a musical journey back to the 70s. Get ready to hear your favorite Manilow hits with Mandy, Can't Smile Without You and the foot stomping Copacabana just to name a few.

You will receive \$25 Slot Play, \$5 Food Credit, the 2pm 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

SEE REVERSE SIDE FOR CAMILLUS SENIOR CENTER TRIP POLICIES

*****CUT HERE**

CLASSIC CHRISTMAS SHOW AT TURNING STONE TRIP REGISTRATION FORM 82/87



Name _____ Phone _____ Cell _____

Address _____ Zip _____ Town of Camillus Resident? Y ___ N ___

Email Address _____

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

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