



CAMILLUS SENIOR CENTER  
**TOP HAT @ Merry Go Round Theater**  
 Tuesday, August 26, 2025  
 11:00 a.m. – 5:00 p.m.

COST: \$140.00 Town of Camillus residents / \$150.00 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 the 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>

Trip includes an early lunch at the Springside Inn in Auburn, NY. Meal choices include Stuffed Chicken Breast, Baked Haddock with Lemon Butter or Slow Roasted Tender Pot Roast. All meals include garden salad, fresh baked rolls and butter, fresh vegetables, mashed potatoes, dessert, coffee or tea.

After lunch, it's off to the Merry-Go-Round Theater for the matinee performance of the *Top Hat* – Fred Astaire and Ginger Rogers' tap-dancing musical comedy comes to life on stage. *Top Hat* is packed full of Irving Berlin's greatest hits including, "Cheek to Cheek", "Top Hat, White Tie and Tails", "Let's Face the Music and Dance", and "Puttin' on the Ritz". There is not a lot of walking involved in this trip but there are stairs to climb on the bus AND IN THE THEATER. Seniors with limitations MUST sign up with a companion who is willing and able to assist. (age 55+ only)

Motorcoach departs from the LOWE'S back parking lot (5377 W. Genesee St) at 11:00 a.m. and returns at approx. 5:00 p.m. Space is limited.

Questions? Call Senior Coordinator at (315) 672-5820

SEE REVERSE SIDE FOR TRIP POLICIES

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



STATE FAIR REGISTRATION FORM 140/150

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

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

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

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

MEAL CHOICE: ( ) Stuffed Chicken Breast ( ) Pot Roast ( ) Baked Haddock

THEATER SEAT MATE \_\_\_\_\_ 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