



CAMILLUS SENIOR CENTER
**THE MUSEUM AT BETHEL WOODS
& ALPACA FARM**

Wednesday, October 15, 2025
7:30 a.m. – 7:00 p.m.

COST: \$115.00 Town of Camillus residents/ \$125.00 for non-residents
Make checks payable to Camillus Senior Center – Do not post date your check

Join us as we travel to Bethel Woods, NY – the site of the 1969 Woodstock festival. Take a tour in the museum and relive the story of the 60’s and it’s iconic music history. Then it’s off to the Roscoe Diner for lunch. Choice of Reuben Sandwich, Grilled Chicken BLT Wrap, or Bacon Cheeseburger Deluxe. All meals come with French Fries, coffee/tea/soda or iced tea and dessert. After lunch, we will visit Buck Brook Alpaca Farm for an interactive tour.

There is 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 (5377W. Genesee St) at 7:30 a.m. and returns at approx. 7:00 p.m.

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

SEE REVERSE SIDE FOR CAMILLUS SENIOR CENTER TRIP POLICIES

*****CUT HERE**



BETHEL WOODS TRIP REGISTRATION FORM 115/125

Name _____ Phone _____ Cell _____

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

Email Address _____

Emergency Contact _____ Phone _____

I have read the policies on back– Check Here

Meal Choice: (___)Reuben Sandwich (___) Grilled Chicken BLT Wrap (___) Bacon Cheeseburger Deluxe.

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