



CAMILLUS SENIOR CENTER
THE LAST ROMANCE @ Cortland Repertory Theatre

Wednesday, June 26, 2024
10:30 a.m. – 5:30 p.m.

COST: \$95.00 Town of Camillus residents / \$100.00 for non-residents

Make checks payable to Camillus Senior Center – Do not post date your check

Town of Camillus residents may register beginning February 12th , Non-residents may register beginning March 12th Trip is escorted by Onondaga Coach staff

Trip includes an early lunch at the Hollywood Restaurant in Cortland. Meal choices include International Sandwich (Turkey, Swiss, Bacon on Italian with 1000 Is. Dressing) with fries, Philly Cheesesteak Wrap with fries or Eggplant Parmigiana Sandwich. Dessert not included but we will stop for ice cream (on your own). After that, it's off to the Cortland Repertory Theatre in Little York for an afternoon matinee performance of *THE LAST ROMANCE*, a heartwarming comedy about the transformative power of love, no matter what age you are! On an ordinary day in a routine life, widower Ralph takes a different path on his daily walk and meets Carol, who is sitting on a bench at a dog park. Relying on his boyish charm and a fictional dog named Rex, Ralph woos Carol, and they embark on a hilarious and touching journey that proves it's never too late for romance. There is not a lot of walking involved in this trip but there are stairs to climb to enter the restaurant 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 10:30 a.m. and returns at approx. 5:30 p.m. Space is limited. **ONLY ONE BUS FOR THIS TRIP**
Questions? Call Senior Coordinator at (315) 672-5820

PLEASE RETURN THE BOTTOM PORTION OF THIS FLYER

ALONG WITH CHECK MADE PAYABLE TO **CAMILLUS SENIOR CENTER**

27 First Street, Camillus, NY 13031

SEE REVERSE SIDE FOR CAMILLUS SENIOR CENTER TRIP POLICIES

*****CUT HERE***



THE LAST ROMANCE REGISTRATION FORM 95/100

Name _____ Phone _____

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

Emergency Contact _____ Phone _____

MEAL CHOICE: () International Sandwich () Philly Cheesesteak Wrap () Eggplant Parm Sandwich

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