



CAMILLUS SENIOR CENTER
COUNTDOWN TO CHRISTMAS SHOW
@ TURNING STONE CASINO
 Thursday, December 3, 2026
 9:30 a.m. – 5:30 p.m.

COST: \$84.00 Town of Camillus residents / \$89.00 for non-residents **NOTE: Price does NOT include driver gratuity. An envelope will be circulated on the bus to collect tip (\$2-\$5 per person) Make checks payable to Camillus Senior Center. Postdated checks will not be accepted Town of Camillus residents may register beginning March 2nd, Non-residents may register beginning March 23rd .

Come celebrate the holiday season with Dick Clark’s Countdown to Christmas show featuring greatest hits and holiday classics from the '50s and '60s.

You will receive \$25 Slot Play, \$5 Food Credit, the Christmas 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 stairs to climb on the bus. Seniors with limitations MUST sign up with a companion who is willing and able to assist. (age 55+ only)

NEW PICK UP LOCATION: Motorcoach departs from the parking lot of **CAMILLUS PARK** located at **1 CAMILLUS POOL ROAD** (near Orchard Village) at 9:30 a.m. and returns at approx. 5:30 p.m. Space is limited. 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*
 COUNTDOWN TO CHRISTMAS SHOW AT TURNING STONE TRIP REGISTRATION FORM 84/89



Name _____ Phone _____ Cell _____

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

Emergency Contact _____ Phone _____

Email address _____ DOB _____

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 _____