



CAMILLUS SENIOR CENTER
SONNENBERG GARDENS
Canandaigua, NY
 Wednesday, August 5, 2026
 8:30 a.m. – 5:00 p.m.

COST: \$75.00 Town of Camillus residents / \$80.00 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.

Nestled in the picturesque Finger Lakes region of New York, Sonnenberg Gardens is a New York State Historic Park offering one of the few remaining estates with a Queen Anne Victorian-style mansion and formal gardens in America. Tours are available by walking on own or on a tram with guide. Following the gardens, we will head to Clifton Springs to Warfield's Restaurant for lunch. After lunch, it's off to LW Emporium in Ontario, NY to shop antiques, unique gifts and home décor.

There is a lot of walking involved in this trip and bus stairs to climb. Seniors with limitations MUST sign up with a companion (age 55+) who is willing and able to assist.

NEW PICK UP LOCATION: Motorcoach departs from the parking lot of **FIRST BAPTIST CHURCH OF MEMPHIS** located at **1960 W. GENESEE TURNPIKE** at 8:30 a.m. and returns at approx. 5:00 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 *****
 SONNENBERG GARDENS TRIP REGISTRATION FORM 75/80



Name _____ Phone _____ Cell _____

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

Emergency Contact _____ Phone _____

Email Address _____ DOB _____

I have read the policies on back- Check Here

MEAL CHOICE: () All American Cheeseburger () Grilled Cheese () Chicken Caesar Salad

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

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