



CAMILLUS SENIOR CENTER
ERIE CANAL & LOCK 24
LUNCH AND BOAT CRUISE
 Wednesday, July 15, 2026
 10:45 a.m. – 1:30 p.m.

COST: \$50.00 Town of Camillus residents / \$55.00 for non-residents

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.

Enjoy a live-narrated historical cruise along the iconic Erie Canal, where stories of the past come to life as you glide through one of America’s greatest engineering marvels. Travel the waters that once powered 19th-century commerce, then journey westward to Lock 24 in Baldwinsville. There, you’ll experience the process of locking through- a hands-on look at how boats are raised and lowered along the canal. It’s history you can see, hear, and feel. We’ll enjoy a BBQ boxed meal from Angry Smokehouse on our way back to the dock and a novelty ice cream upon return. Seniors with limitations **MUST** sign up with a companion who is willing and able to assist. (age 55+ only)

NO TRANSPORTATION IS PROVIDED FOR THIS TRIP. PARTICIPANTS ARE RESPONSIBLE FOR THEIR OWN TRANSPORTATION TO THE DOCK LOCATED AT DUTCHMAN’S LANDING, 7439 HILLSIDE RD, B’VILLE. If interested, carpooling will leave the Camillus Sr Center parking lot at 10:20 a.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***



ERIE CANAL & LOCK 24 BOAT CRUISE REGISTRATION FORM 50/55

Name _____ Phone _____

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

Emergency Contact _____ Phone _____

Email address _____ DOB _____

MEAL CHOICE: () BBQ Pulled Pork Sandwich () Smoked Brisket Sandwich
 () Southwest Grilled Chicken Sandwich (All meals include cole slaw and bottled water)

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