



CAMILLUS SENIOR CENTER  
**HARVEST SIPS & APPLE PICKS**  
**at BEAK AND SKIFF**  
 Wednesday, October 7, 2026  
 9:30 a.m. – 4:30 p.m.

COST: \$60.00 Town of Camillus residents / \$65.00 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 2<sup>nd</sup>, Non-residents may register beginning March 23<sup>rd</sup> .

A beautiful Fall day begins in the orchard! Spend the morning at Beak & Skiff picking apples, sampling cider and spirits, and shopping in the general store. Everyone will receive a \$20 gift card to be used for shopping or to enjoy a delicious lunch in their café. Next, we head to Skaneateles for a visit to the Historical Society and time on your own to shop or enjoy the village.

There is 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. 4:30 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\*\*\*  
 HARVEST SIPS & APPLE PICKS AT BEAK AND SKIFF REGISTRATION FORM 60/65



Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Town of Camillus Resident? Y \_\_\_\_\_ N \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

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