



CAMILLUS SENIOR CENTER
OKLAHOMA! @ Cortland Repertory Theatre
 Wednesday, June 10, 2026
 9:15 a.m. – 5:30 p.m.

COST: \$105.00 Town of Camillus residents / \$110.00 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.

Our trip begins at the CNY Living History Center in Cortland, a museum complex that focuses on military history, industrial heritage, and agricultural life in Central New York. Then it's off to Bob's BBQ for an outdoors lunch. After that, we'll head to the Cortland Repertory Theatre in Little York for an afternoon matinee musical performance of Rodgers and Hammerstein's *OKLAHOMA!* Set in a western territory at the turn of the 20th century, this timeless classic centers on the romantic rivalry between charming cowboy Curly and a brooding farmhand for the affection of farm girl Laurey. Along the way, the flirtatious Ado Annie and Will Parker add humor and heart to a vibrant tale of love, courage, and a young nation's hopeful spirit. There is not a lot of walking involved in this trip but there are stairs to climb on the bus and in the theater. 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 **FIRST BAPTIST CHURCH OF MEMPHIS** located at **1960 W. GENESEE TURNPIKE** at 9:15 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***



OKLAHOMA! REGISTRATION FORM 105/110

Name _____ Phone _____

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

Emergency Contact _____ Phone _____

Email address _____ DOB _____

MEAL CHOICE: () ¼ Chicken Dinner () Pulled Pork Sandwich () Pulled Chicken Sandwich

SIDES: (CHOOSE 2 per person) () Salt Potatoes () Baked Beans () Macaroni Salad () Cole Slaw

() Potato Salad () Cornbread

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