

***Dover Township Bus Trip***  
***Cherry Blossoms—Washington DC***  
**April 1, 2017**  
**\$40 Resident      \$50 Non-resident**

**INCLUDES:** Transportation on coach bus with restroom. On the return trip, the coordinator will collect a donation for the bus driver's tip.

**POLICIES/RULES:** **Please note that refunds on cancelled seat(s) for bus trips will not be issued unless a written cancellation is received at least two (2) weeks prior to the trip and only if the cancelled seat(s) are filled by another party.** **No Smoking on the bus. No Alcohol permitted on bus.** Food and non-alcoholic beverages are permitted. If you are caught smoking or drinking on the bus, you will not be permitted to return to any future bus trips.

**DEPARTURE:** **April 1, 2017 8 am departure from Dover Township Building; 2480 W. Canal Rd. Dover, PA 17315. 6 pm depart Washington.** We do our best not to make any stops along the way, but it is up to the driver if a stop is needed.

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Return this portion along with your full payment to the address listed above to reserve your seats. We encourage you to respond promptly due to the limited tickets available. **Please turn in all paper work and payment for your whole group at one time.** Each adult is required to fill out their own form. If any children are attending, please make sure to include the number of children, and their names.

I \_\_\_\_\_, participate in the above named activity, hereby, waive any claim for bodily injury or property damage against the Dover Township, its agents, servants and/or employees while a participant in the above named activity.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to receive emails regarding upcoming Recreation events?** Yes No (please circle one)

**Dover or West Manchester Township Resident:** Yes No (please circle one)

# of Children attending: \_\_\_\_\_ Name(s)/age(s) of child(ren): \_\_\_\_\_

**ACCIDENT INFORMATION**

In case of emergency contact:

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any physical limitations/disabilities and or medical allergies: \_\_\_\_\_

**OFFICE USE ONLY**

# Of Seats: \_\_\_\_\_ CHECK # : \_\_\_\_\_ CASH : \_\_\_\_\_ Group Name: \_\_\_\_\_