Dover/West Manchester Township Bus Trip
Pittsburgh, PA
July 7, 2018
$42 Resident; $52 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: **July 7, 2018 10am departure from West Manchester Township Building;** 380 East Berlin Rd. York, PA 17408. **9pm depart Pittsburgh.** We do our best not to make any stops along the way, but it is up to the driver if a stop is needed.

- -

Dover /West Manchester Township Bus Trip
Pittsburgh, PA   July 7, 2018 $42 Resident $52 Non-resident

Return this portion along with your full payment to Dover Township Recreation 2480 W. Canal Rd. Dover, PA 17315 to reserve your seats. Make checks payable to Dover Township. 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 name(s) and age(s) of children,**

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:______________________