



Thompson and Putnam Recreation present a trip to the

New York Botanical Garden

Enjoy a beautiful day outdoors, with the roses and lilacs in bloom...wander through the Rock & Native Garden, the Forest, the Perennial Garden, the Children's Adventure Garden, the Home Gardening Center and more. Also included is an audio narrated Tram Tour which gives interpretive information related to the current exhibit. Breathe in the scent of flowers in bloom!



Saturday, June 5, 2010

\$63 Adults, \$61 Senior (65+), \$48 Child (2-12)

Price includes motor coach, entrance to New York Botanical Garden and their Tram Tour.

Lunch is on your own; there are two cafes on site, as well as picnic areas.

7:00 a.m. bus departure from Thompson Middle School, 785 Riverside Drive, No. Grosvenordale, CT. Arrive in Bronx, NY at approximately 11:00 a.m. Tram Tour is at 11:30 a.m.. Meet the bus for the return trip at 3:45 p.m. Approximate arrival home 8:00 p.m. Fast food stops on the way to & from New York.

To register for this trip, stop by Town Hall or mail registration form with payment to TRC, PO Box 899, No. Grosvenordale, CT 06255. Payment is non-refundable unless we have a waiting list and are able to find a replacement. Questions? Call us at 923-9440. Additional forms may be printed from www.thompsonrec.org

KEEP UPPER PORTION FOR YOUR RECORDS

New York Botanical Gardens Trip Registration

Saturday, June 5, 2010

Please print and list 1 person per form

Name: _____ HomePhone: _____

Street Address _____ CellPhone: _____

Mailing Address (if different from above): _____

Town: _____ State: _____ Zip: _____

E-mail Address: _____

Emergency Contact Name: _____ Their phone #: _____

I hereby waive and release all other participants, sponsors, recreation departments, towns and others involved from all claims or damage which may occur with this trip. I understand the Town and/or the Bus/Tour company do not carry accident insurance. No refunds will be given unless there is a waiting list and a replacement can be found. Refunds may take up to 3 weeks. I understand there is a \$20 fee for checks returned by the bank. Also, I give permission to receive emergency medical care, if I am unable to do so.

Signed _____ Date _____

Payment enclosed for _____ cash _____ check # _____