



CAMILLUS SENIOR CENTER
**GEORGE EASTMAN MUSEUM
 & STRONG MUSEUM OF PLAY**
 Tuesday, September 30, 2025
 8:30 a.m. – 6:00 p.m.



COST: \$105.00 Town of Camillus residents/ \$115.00 for non-residents (includes gratuity)
 Make checks payable to Camillus Senior Center – Do not postdate your check. To register with a credit card, stop into office or call (315) 672-5820. A fee will be charged.
 Camillus residents may register beginning Feb 18th, Non-residents register beginning March 18th.

GEM is a museum that honors the life and legacy of George Eastman, known as the father of modern photography. It is the world’s oldest photography museum. Visitors can explore Eastman’s unique home, the museum’s permanent collections, and temporary exhibitions.

The Strong Museum of Play houses the world's largest collection of historical materials related to play including dolls, toys and games. It is home to the National Toy Hall of Fame, and the World Video Game Hall of Fame and the Dancing Wings Butterfly Garden.

Lunch at area restaurant. Choices are Reuben, Chicken Sandwich or Bacon Cheeseburger

There is some walking involved in this trip and there are bus stairs to climb. Seniors with limitations **MUST** sign up with a companion (age 55+) who is willing and able to assist.

Motorcoach departs from the LOWE’S back parking lot (5377 W. Genesee St) at 8:30 a.m. and returns at approx. 6:00 p.m.

Questions? Call Senior Coordinator at (315) 672-5820
SEE REVERSE SIDE FOR TRIP POLICIES

***** CUT HERE**
 GEO EASTMAN MUSEUM & STRONG MUSEUM OF PLAY TRIP REGISTRATION FORM 105/115



Name _____ Phone _____ Cell _____

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

Email Address _____

Emergency Contact _____ Phone _____

MEAL CHOICE: () Reuben () Breaded Chicken Sandwich () Bacon Cheddar Burger
 I have read the policies on back– 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

PLEASE RETURN THE BOTTOM PORTION OF THIS FLYER
 ALONG WITH CHECK MADE PAYABLE TO CAMILLUS SENIOR CENTER 27 First Street, Camillus, NY 13031