



CAMILLUS SENIOR CENTER

1000 ISLANDS BOAT CRUISE & BOLDT CASTLE

Wednesday, July 16, 2025

9:30 a.m. – 7:00 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.

Residents may register beginning February 18th, Non-residents may register beginning March 18th

Turn a mid-day meal into a memorable occasion with a Thousand Islands luncheon cruise, combining the 2 Nation Tour with a delectable luncheon onboard one of Uncle Sam’s triple-deck vessels. Enjoy a leisurely 2¼ hour cruise through the enchanting channels of the Thousand Islands and learn about the region’s rich history from a knowledgeable guide while enjoying a sumptuous buffet lunch. Afterward, get up close to the spectacular scenery and magnificent island homes. At the end of the cruise, disembark at Heart Island for a self-guided tour of Boldt Castle or you may choose to spend time shopping in Alexandria Bay.

There is walking involved in this trip and 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 9:30 a.m. and returns at approx. 7:00 p.m.

Questions? Call Senior Coordinator at (315) 672-5820

SEE REVERSE SIDE FOR TRIP POLICIES

***** CUT HERE**

1000 ISLANDS AND BOLDT CASTLE TRIP REGISTRATION FORM 105/115



Name _____ Phone _____

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

Emergency Contact _____ Phone _____

Email Address _____

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

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