



INVITE YOU TO JOIN US



★ PHILADELPHIA FLOWER SHOW ★
@ PA Convention Center

Date: Wednesday, March 6, 2019

Depart Time: 8:30am from Town of Ramapo Senior Citizen's Center
319 Haverstraw Road, Suffern, NY 10901

Return Time: approximately 6:30pm

Residents Registration opens: 1/9/2019

Ramapo Senior Resident Price: \$35 per person

If tickets remain available Non Residents Registration opens 2/6/2019

Non-Resident Price: \$40 per person

Includes Transportation; enjoy time to walk around at your own pace at the 2019 Flower Show & Treasured National Parks with acres of themed floral displays, breathtaking imagery, and heart-pounding adventure experiences to expose the vast beauty of the national parks to you • Complimentary Wine Tastings • Horticultural Demonstrations • Culinary Presentations • Shopping in the Marketplace with over a 150 shops • Concession stand and Coffee Shop Available!

First Come, First Served..... SIGN UP NOW! NO REFUNDS/NO EXCHANGES!!

Call Antoinette: 845-369-1802 or email: marianoa@ramapo.org

Reservation Deadline: February 13, 2019 *30 person minimum required for trip to run.



SIGN UP FOR: Philadelphia Flower Show! Please complete this application in full.



Drop off & CHECKS ONLY taken at this Location: Town of Ramapo Senior Citizen's Community Center

319 Haverstraw Road, Suffern NY 10901. Monday thru Friday. Open 9:30am – 3:30pm. Phone Number 845-369-1802

Drop off or Mail CHECKS or in person CREDIT CARD & CASH taken at this Location: Department of Parks & Recreation,

3 Palisades Credit Union Park Dr. Pomona, NY 10970. Open 9:30am – 4:30pm Monday thru Friday. Phone Number 845-357-6100.

*If you are paying for someone else kindly complete a form for each person (or couple) in your group.

NAME(S): _____

ADDRESS: _____

TELEPHONE #: _____ Emergency Contact #: _____

EMAIL: _____ TOTAL #: _____ TOTAL COST: _____

Reservation Deadline: February 13, 2019 CHECKS ONLY! MAKE PAYABLE TO: Town of Ramapo

FIRST COME, FIRST SERVED ★ NO REFUNDS/NO EXCHANGES

The Town of Ramapo does not offer accident insurance and my personal insurance bears primary responsibility in case of accident or injury.

Signature (required) _____ Date _____