

## REGISTRATION FORM FOR THE FRIENDS OF THE SCPL TRIP TO LENOX MA TUESDAY MAY 22nd, 2018

- ★ Cost of the trip is **\$85 for members of the Friends of the SCPL, \$95 for non-members.** Join now and save! The membership form below is for **NEW MEMBERS ONLY**. You may send a **NEW** membership contribution with the trip registration. **PLEASE DO NOT SEND MEMBERSHIP RENEWALS WITH TRIP REGISTRATIONS.**
- ★ Price includes transportation, admissions, lunch and driver gratuity.
- ★ **Make checks payable to Friends of the SCPL. Be sure to send registration and checks to FRIENDS of the SCPL TRIPS, address below. We cannot take reservations by phone or email.**
- ★ Bus leaves **promptly at 8:45AM from the Watt Street Home Depot.** Use area furthest from the Home Depot building. We will return at approximately 5:30 PM.
- ★ Refunds can be made only if we can fill your seat. Refunds may be prorated due to no refunds by lunch caterers.
- ★ Registrations accepted until May 4 pending availability. This trip is likely to fill up quickly.
- ★ **A description of lunch choices can be found on the Friends website or the email notification.**

**Tentative Schedule:**

Leave Home Depot lot	<b>8:45AM</b>
The Mount and lunch	<b>10:15 AM</b>
Tanglewood Tour	<b>1PM</b>
Ventfort Hall Tour	<b>2:30 PM</b>
Leave for Home	<b>4:00PM</b>

**Questions:** Email [scplfriendstrips@gmail.com](mailto:scplfriendstrips@gmail.com) or call Sue Crawford at 518-372-1198

You will receive an email confirmation upon receipt (or written confirmation if you do not have an email address).

**Return portion(s) below only. Please keep this upper portion for future reference.**

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**Make checks payable to: FRIENDS OF THE SCPL.**  
**Mail to: Friends of the SCPL TRIPS, 99 Clinton St., Schenectady NY 12305**

**TRIP REGISTRATION - PLEASE PRINT - USE A SEPARATE FORM FOR EACH PARTICIPANT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT AND PHONE: \_\_\_\_\_

**Lunch sandwich choice:** Turkey\_\_\_ Chicken Salad\_\_\_ Roast Beef\_\_\_ Veggie Wrap\_\_\_

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**FRIENDS OF THE SCPL MEMBERSHIP FORM FOR *NEW MEMBERS ONLY*:**

Name(s): \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you eligible for Matching Funds? \_\_\_ Yes \_\_\_ No

Firm Name: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

\*Date called in: \_\_\_\_\_ (GE Foundations Matching Gifts Center 1.800.305.0669)

Membership & Contribution Amount (Please check one of the following.) Checks payable to: Friends of SCPL

**Individual \_\_\_ \$10, Family \_\_\_ \$15, Contributing \_\_\_ \$25, Supporting \_\_\_ \$35, Patron \_\_\_ \$50 - 199**