

**REGISTRATION FORM FOR THE FRIENDS OF THE SCPL TRIP TO THE
SHELBURNE MUSEUM - TUESDAY, OCTOBER 8, 2019**

★Price of the trip is \$55 for members of the Friends of the SCPL, \$65 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, admission, highlights tour, antique carousel ride and driver gratuity.

★LUNCH IS ON YOUR OWN. You may bring your own lunch or purchase lunch at their cafe.

★Bus leaves promptly at 8:00AM from the **Schenectady Home Depot** lot. Turn on Watt St. off of the Crosstown (Rt. 7). Park in the area furthest from the Home Depot building - you will see the bus. We will return at approximately 6:00PM. There will be a rest stop each way.

★Refunds can only be made if we can fill your seat.

★Registrations accepted beginning August 1st (pending availability).

Please note the Shelburne Museum is spread out over several acres but shuttle service between buildings is provided if you prefer not to walk.

Tentative Schedule:

Leave Home Depot lot - 8:00AM

Shelburne Museum - 10:30 AM - 3:30 PM - we will be having a highlights tour when we first arrive.

Leave for home - 3:30 PM with approximate arrival at 6 PM

Questions: Email scplfriendstrips@gmail.com or call Sue Crawford at 518-372-1198

You will receive an email confirmation upon receipt of your registration.

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

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 CLEARLY - USE A SEPARATE FORM FOR EACH PARTICIPANT:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT AND

PHONE: _____

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: _____

*Contact Information: GE Foundations Matching Gifts Center 1.800.305.0669 or

www.gefoundation.org 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