

REGISTRATION FORM FOR THE FRIENDS OF THE SCPL TRIP TO BOSCOBEL, THAYER HOTEL AND WEST POINT - THURSDAY, MAY 21, 2020

★The price of the trip is \$90 for members of the Friends of the SCPL, \$100 for non-members. Join now and save! The membership form below is for **NEW MEMBERS ONLY**. You may send a **NEW** membership contribution with your trip registration. **PLEASE DO NOT SEND MEMBERSHIP RENEWALS WITH TRIP REGISTRATIONS.**

★Price includes transportation, admissions, highlights tours, buffet lunch and all gratuities.

★**LUNCH IS A BUFFET AT THE HISTORIC THAYER HOTEL ON THE WEST POINT GROUNDS**

★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 6:30PM.

★Refunds can only be made if we can fill your seat and may be partial as lunch is non-refundable.

Please note: West Point requires you to bring ID (passport or drivers license). We must let them know in advance your birthdate and the form of ID you will bring.

Tentative Schedule:

Leave Home Depot lot - 8:00AM

Boscobel - 10:30 AM - we will be having a tour of the home followed by time on your own.

Thayer Hotel lunch - 1:00PM

West Point Tour - 2:30 PM

Leave for home - 4:00 PM with approximate arrival at 6:30 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**

PLEASE PRINT CLEARLY - USE A SEPARATE FORM FOR EACH PARTICIPANT:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME AND PHONE: _____

BIRTH DATE: _____ FORM OF PHOTO ID: _____

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