

REGISTRATION FORM FOR THE FRIENDS OF THE SCPL TRIP TO THE VAL-KILL and FDR HOME AND MUSUEM - FRIDAY OCTOBER 14TH, 2022

- * Cost of the trip is **\$65 for members of the Friends of the SCPL, \$75 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, box 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 phone or email reservations.**
- * Bus leaves **promptly at 8:00AM from the Watt Street Home Depot.** Use area furthest from the Home Depot building. We will return at **approximately 5:30 PM.**
- * We cannot offer refunds. If you are unable to take the trip, you may substitute a friend. Just let us know.
- * **A description of lunch choices can be found on the Friends website or the email notification.**

Tentative Schedule:

Leave Home Depot lot **8:00AM**
 Val-Kill Tour **10:00AM**
 Lunch **11:30 AM**
 FDR Library and Museum **12:00 PM (you may also tour the grounds and visit gift shop)**
 Tour FDR Home **3:00PM - we will depart for home after tour**

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

You will receive an email confirmation upon receipt.

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 choice: Turkey___ Roast Beef___ Caprese ___

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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