

State Employees Recreation Association Presents



New York City
On Your Own
March 24, 2012



Cost Per Person is \$48.00
Reservations are due by February 21, 2012

Features:

Round Trip Bus Transportation via Bieber Charter Coach
Bus Driver Tip

Itinerary:

7:00 a.m. Depart from Harrisburg State Hospital Grounds
10:30 a.m. Approximate arrival in New York City
7:00 p.m. Depart New York City
10:30 p.m. Approximate arrival back in Harrisburg



SERA is a non-profit organization, comprised of volunteers, for the benefit of all Commonwealth employees, active or retired, their family and friends. It is solely responsible for its own affairs and is completely independent of the Commonwealth of Pennsylvania State Government. SERA is not liable for any losses, injuries or accidents that may occur during this trip. SERA also reserves the right to reject or terminate participation of any individual.

ASSISTANCE: Tour participants requiring assistance or accommodations for disabilities should inform SERA by checking the box on the reservation form. SERA will contact those individuals to discuss specific requirement and what accommodations are available.

No smoking or alcoholic beverages are permitted on the bus. All reservations are filled on a first come, first served basis.
No children under 18 years of age without a responsible adult. **Age Limit: 8 years**

For more information on other SERA trips, please visit our website at www.seraofpa.com

ABSOLUTELY NO TELEPHONE CALLS – ONLY US Mail Reservations Accepted.

Mail to: SERA – New York City - March 2012
Federal Square Station, PO Box 796
Harrisburg, PA 17108-0796

Payable to SERA – New York City – 11/11
(A \$20 penalty will be charged by SERA for returned checks.)

Reservations must include a **stamped, self-addressed** (to your home), business-sized envelope and **the names of each participant in your party**. (Use reverse side of form if necessary.) Cancellations will only be refunded if space is resold by SERA. No refunds due to inclement weather. Include the full payment with reservation.

NAME: _____

Reservations Required: _____

ADDRESS: _____

Amount Enclosed: \$ _____

Email Address _____

Work # _____ Home # _____

Cell # _____

Other Participants _____

I DO Require Assistance or Accommodations for Disabilities.

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