

State Employees Recreation Association Presents



New York City
On Your Own



Saturday, May 15, 2010

5 Buses
Cost Per Person is \$45.00

Reservations are due by April 15, 2010

Features: Roundtrip motorcoach via Elite Coach
Bus Driver's Tip

Itinerary:

- 7:00 a.m. Depart from Colonial Park Mall, Park & Ride Lot by Integrity Bank, Pole 27
- 10:30 a.m. Approximate arrival in New York City
- 7:00 p.m. Depart from New York City
- 10:30 p.m. Approximate arrival 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 – NYC-on your own-May
Federal Square Station
PO Box 796
Harrisburg, PA 17108-0796

Payable to SERA – NYC-on your own-May
(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: \$ _____
Work # _____ Home # _____

Other Participants _____
Email Address _____

I DO Require Assistance or Accommodations for Disabilities.

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