



Sister Bernarde's Traveling Group

Mystery Day Trip

TUESDAY, JULY 14, 2020

I wonder where this trip is going?



\$99 per person Make checks payable to: Bus America Group Tours

Please submit the attached registration form and \$39 deposit by Wednesday, May 20th to:
Sister M. Bernarde Entress, 1437 Blossom Road, Rochester, NY 14610.
The balance (\$60) is due Tuesday, June 30th.

I'm going along just to find out where I'm going!



I'd like to ask some friends, but don't know where we're going!?



Maybe we can get Sister Bernarde to "spill the beans."



Let's call Tamra - she'll tell us !!!!!

Let's guess what direction we are going.



Hope we stop for lunch somewhere.



DEPARTURE & RETURN INFORMATION

- 7:15 am Depart by chartered motorcoach from Hudson Titus Plaza, 525 Titus Ave., Section 11 (in front of Wegmans), Irondequoit.
- 7:35 Pick-up at the Diplomat Banquet Center, 1956 Lyell Ave., Gates. (Please park in the back of the rear parking lot).
- 8:00 Pick-up at Saint Marianne Cope Parish/Guardian Angels Church, 2061 E. Henrietta Road, Henrietta. Park in area closest to E. Henrietta Road/white apartment buildings.
- 5:45-6:30 pm Estimated time of return to Henrietta, Gates, and Irondequoit.

I'm not chancing it - I'm taking along my sit-down walker!



Do you think we need extra money for a casino stop?



With Sister Bernarde? I wouldn't bet on that!



I'm taking extra money - in case there's shopping !!



No matter where we go or what we do, count me in !!



For further information, please contact:

Sister Bernarde ♦ (585) 288-2710, ext. 260 or ext. 282

Bus America Group Tours ♦ (585) 697-3529 ♦ 1-800-724-8747
39 Saginaw Drive, Suite 24 ♦ Rochester, NY 14623



BUS AMERICA GROUP TOURS

specializing in customized group tours

DAY TRIP REGISTRATION FORM

Sister Bernarde's Traveling Group

Please make checks payable to Bus America Group Tours

Print clearly and submit with your payment to:

Sister M. Bernarde Entress, 1437 Blossom Road, Rochester, NY 14610

Trip Date _____

Trip Name _____

Traveler's Name _____

Address (including zip code) _____

Email Address _____

Telephone (including area code): Home _____ Cell _____

Pick-up Point _____

Traveling Companion(s) _____

Meal Choice (if applicable) _____

Emergency Contact (name & phone) _____

Please carry a list of your medications with you.

Describe any special medical concerns you wish to share: _____

PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE TO THE TOUR TERMS AND CONDITIONS.

"Bus America and Sister Bernarde Entress act as agents in making and securing arrangements for transportation, accommodations and sightseeing for the tours listed. Neither Bus America, Sister Bernarde Entress nor Sisters of Mercy NyPPaw owns, manages, controls, or operates any vehicle, hotel or restaurant or any other supplier of services. By accepting the program, you agree that neither Bus America, Sister Bernarde Entress, Sisters of Mercy NyPPaw nor any of their representatives shall be liable for any loss, injury, or damage to you or your belongings or in connection with any accommodations, transportation, or other services resulting directly or indirectly from any occurrences beyond their control."

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

For Office Use Only!		
Payment Received _____	Date _____	