

# Experience Alaska with SCPR and Celebrity Cruises

The chance of a lifetime is available to you by joining SCPR for a fabulous 9 day/8 night Alaskan vacation; we will experience all Alaska has to offer while aboard Celebrity Cruise Line's "Infinity!"

This package includes your round-trip airfare, one night hotel accommodations in Seattle with breakfast, cruise, cabin, shipboard meals, port charges, taxes and transfers in Seattle, and motorcoach transportation from Woodstock, VA to BWI airport. The trip dates are September 2-10, 2010, and include stops in Ketchikan, Tracy Arm Fjord, Juneau, Skagway, a cruise through the Inside Passage, and Victoria, British Columbia. Passports are required for this trip (Canadian stop).

A \$250 deposit is due at time of registration to hold your cabin; cabin selection will go to the earliest bookings. Travel protection is highly recommended as the cancellation penalties are severe. When registering, be sure to include the name of your roommate and your cabin selection. Insurance should be purchased at time of initial deposit to ensure full benefits (separate check payable to PMI Tours). A payment plan is available; after your initial deposit, \$200 will be due at the first of each month. Your final payment will be due on April 30, 2010.

*CABINS & FEES - PROGRAM #470422A (prices are based on double occupancy)*

**Inside Cabin Category 12 (no window; 170 sq. ft.)**

\$1,979/person (double occupancy) + travel protection (optional, but highly recommended; \$199/person)

**Inside Cabin Category 11 (no window 170 sq. ft.)**

\$2,023/person (double occupancy) + travel protection (optional, but highly recommended; \$199/person)

**Inside Cabin Category 10 (no window; 170 sq. ft.)**

\$2,045/person (double occupancy) + travel protection (optional, but highly recommended; \$199/person)

**Outside Cabin Category 7 (window; 170 sq. ft.)**

\$2,199/person (double occupancy) + travel protection (optional, but highly recommended; \$199/person)

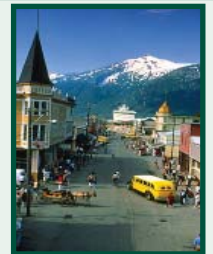
**Outside Cabin Category 6 (window; 170 sq. ft.)**

\$2,298/person (double occupancy) + travel protection (optional, but highly recommended; \$259/person)

**Balcony Cabin Category 2C (stateroom w/balcony; 170 sq. ft. + balcony)**

\$2,639/person (double occupancy) + travel protection (optional, but highly recommended; \$259/person)

For more information, please contact Shenandoah County Parks and Recreation at 540-984-3030 or [www.scpr.info](http://www.scpr.info).



## SCPR Registration Form

Mail or bring to: SCPR, 508 Piccadilly Street, Edinburg, VA 22824. Hours are 8:30 AM-12 PM and 1-5 PM (M-F).

Participant's Name	D.O.B	Age	Grade	Activity Name	Activity Code #	Shirt Size (EX: youth L, adult S)	Fee
PARENT/GUARDIAN NAME(S) IF PARTICIPANT IS UNDER 18:					TOTAL FEES: \$		
MAILING ADDRESS:					HOME PHONE:		
					WORK PHONE:		
RELEASE: I know that participating in the program named above is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the program above including - but not limited to - falls, contact with other participants, and the effects of the weather (including high heat and/or humidity,) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release Shenandoah County Parks & Recreation, Shenandoah County, any and all partners, sponsors, officials, volunteers, instructors, coaches, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver. I grant permission to all of the foregoing to use any photographs, motion picture, recordings, or any other record of me for any legitimate purpose. IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that Shenandoah County Parks & Recreation employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of my child for any legitimate purpose.					E-MAIL ADDRESS:		
					EMERGENCY CONTACT:		
					EMERGENCY CONTACT'S PHONE:		
SIGNATURE OF PARTICIPANT (IF 18+) (REQUIRED)					SIGNATURE OF PARENT (IF PARTICIPANT IS UNDER 18) (REQUIRED)		
<b>CREDIT CARD AUTHORIZATION</b>							
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover   EXP. DATE: ___/___/___   CARD #: _____							
Cardholder Name: _____							
Cardholder Signature: _____						Total to be Charged: \$ _____	
(REQUIRED)							
FOR OFFICE USE ONLY							
Cash: \$	Credit: \$	Check: #	\$	Date Received:	Received By:		