

# The Blue Seas of the Mediterranean Await You!

The Mediterranean has always been celebrated for its sunlit beauty and mouth-watering cuisine; join SCPR for a Mediterranean Vacation you won't soon forget! We'll visit Provence and Nice, France and Florence, Rome, and Naples, Italy as well as start and end our trip in Barcelona, Spain. Optional excursions can take you to Tuscany, Saint-Tropez, Monte Carlo, and more!

This package includes your round-trip airfare, motorcoach transportation to and from airport, transfers from airport to hotel and cruise ship, one night hotel accommodations in Barcelona, cruise, cabin, shipboard meals, port charges, and taxes. The trip dates are Thurs.-Sat., Oct. 7-15, 2011, and registration opens July 1, 2010. A valid passport is required.

A \$250 deposit is due at time of registration to hold your cabin. 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 PML Tours). A payment plan is available; after your initial deposit, \$250 will be due at the first of each month. Your final payment will be due on May 27, 2011.



*CABINS & FEES - PROGRAM #470430A (prices are based on double occupancy)*

Inside Cabin Category Q (no window)

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

Inside Cabin Category PR (overlooks Promenade)

\$2,925/person (double occupancy) + travel protection (optional, but highly recommended; \$318/person)

Outside Cabin Category I (window)

\$2,969/person (double occupancy) + travel protection (optional, but highly recommended; \$318/person)

Outside Cabin Category H (window)

\$3,013/person (double occupancy) + travel protection (optional, but highly recommended; \$318/person)

Balcony Cabin Category E2

\$3,079/person (double occupancy) + travel protection (optional, but highly recommended; \$318/person)

Balcony Cabin Category E1

\$3,189/person (double occupancy) + travel protection (optional, but highly recommended; \$318/person)



For more information or special pricing, 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:		
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:		