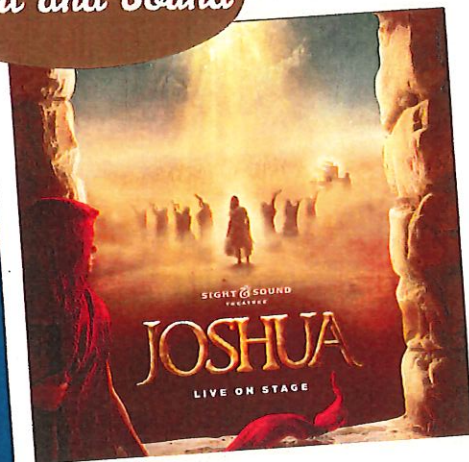


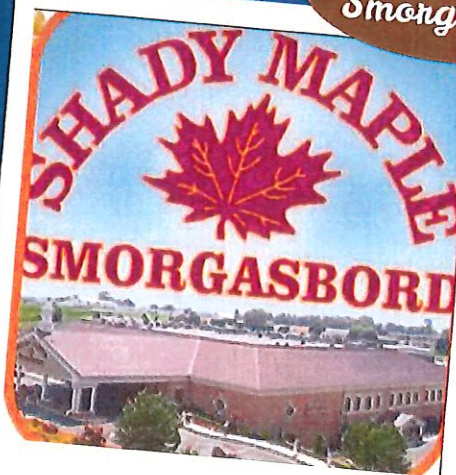
Galloway Township Community Services  
presents:

Holiday Trip  
to  
\* Lancaster, PA \*

Sight and Sound



Shady Maple  
Smorgasbord



\$200.00 per person  
53 seats available

Package Includes:

- Coach Bus
- Ticket for Joshua
- Meal at Shady Maple
- Snack/drink on the bus
- Bingo/Movie on the bus

To sign up call: 609-241-0692 or email: [mquick@gtnj.org](mailto:mquick@gtnj.org)

Saturday, December 12, 2026

# GALLOWAY TOWNSHIP'S BUS TRIP APPLICATION

**Destination:** Lancaster, Pennsylvania

**Trip Date:** Saturday, December 12, 2026

**Departing:** 7:30am **Returning:** 8:00pm

## BUS TRIP ITINERARY

WE DEPART FROM The Galloway Municipal Complex, 300 E. JIMMIE LEEDS RD. GALLOWAY, NJ 08205 AT 7:30 AM. PLEASE PARK IN FRONT LOT OF THE COMPLEX.

WE WILL ARRIVE AT SIGHT AND SOUND BY 10:00AM-10:15AM FOR THE 11AM JOSHUA SHOW.

POST SHOW, WE WILL TRAVEL TO SHADYMAPLE FOR OUR MEAL WITH EXTRA TIME AFTER TO SHOP IN THEIR STORE/FARMERS MARKET (WITHIN THE SHADYMAPLE PARKING LOT).

WE WILL DEPART FROM SHADY MAPLE AT 5PM AND ARRIVE AT The Galloway Municipal Complex 300 E. JIMMIE LEEDS RD. GALLOWAY, NJ 08205 AT APPROX. 8PM.

## TRIP DETAILS

- Round-trip transportation and gratuity for the bus driver, ticket for Joshua at Sight and Sound, your meal at Shady maple, a light snack and drink, and bus entertainment are all included in the price.
- Payment of **\$200.00 per person** is required to reserve your seat.
- Seats are limited and will be assigned on a first-come, first-served basis.

## PERSONAL INFORMATION

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## EMERGENCY CONTACT

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Payment Method:

Cash

Check

Other: \_\_\_\_\_

Date of Payment: \_\_\_\_\_ (I MUST HAVE FULL PAYMENT BY FRIDAY OCT. 16<sup>TH</sup>)

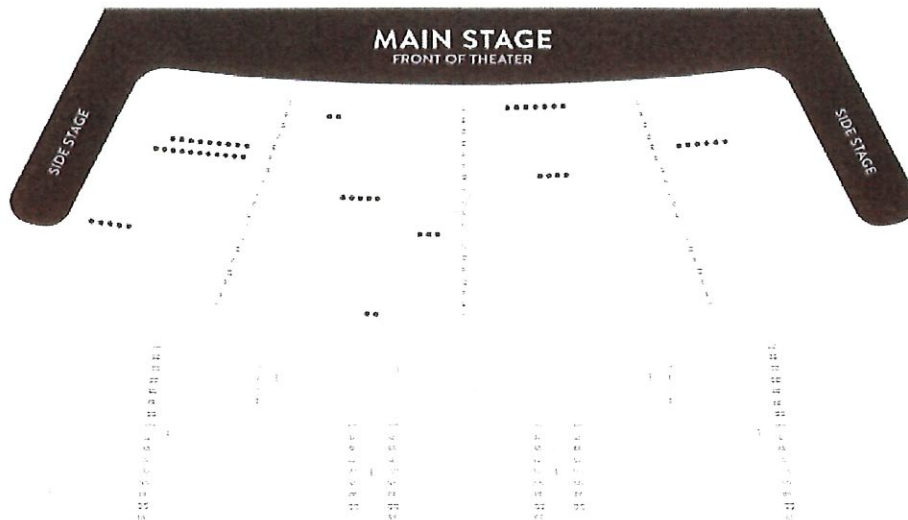
**SIGHT & SOUND THEATRE SEATING REQUEST (seats are first come, first serve)**

Please see attached map (please provide three choices):

[ Choice #1 ] \_\_\_\_\_

[ Choice #2 ] \_\_\_\_\_

[ Choice #3 ] \_\_\_\_\_



SEAT INFORMATION

SECTION	ROW	SEAT	TIER	DESCRIPTION	Designation Counts:
102	J	<del>41-43</del> 41-43	Preferred		Adults: 52
102	M	48-50	Preferred		Free: 2
<del>102</del>	<del>T</del>	<del>42-43</del>	<del>Preferred</del>		
103	G	57-60	Preferred		
101	E	12-20	Standard		
101	F	10-20	Standard		
101	N	7-11	Standard		
102	B	38-39	Standard		
103	A	53-59	Standard		
104	E	81-86	Standard		

**HOLD HARMLESS AGREEMENT/AFFIDAVIT:**

For the purposes of Contractual Liability Coverage's under this policy the following Indemnification Agreement is recited as required under contract with the Township of Galloway, County of Atlantic.

My organization and/or myself, \_\_\_\_\_ agree to Indemnify and Hold Harmless the Township of Galloway, County of Atlantic, including all elected/appointed officials, all employees, volunteers, all boards/commissions, and/or authorities from any and all claims arising out of the negligence of the Insured's operations.

The above recited indemnification wording does not amend, extend or alter the coverage afforded by my organization's policy. Notwithstanding any requirement, term or condition of any contract or document to which this endorsement may pertain, the insurance afford by this policy is subject to all terms, exclusions and conditions of this policy.

I further agree that my organization and/or I have reviewed and will adhere to Governor Phil Murphy's Executive Order No. 149 and any subsequent Executive Orders, The Centers for Disease Control and Prevention guidelines, and the New Jersey Department of Health guidelines for Coronavirus disease 2019 (COVID-19) in all aspects while I and/or my organization are using Township facilities and/or equipment. Furthermore, I shall Hold Harmless and indemnify the Township of Galloway from any and all liabilities for any and all claims related to COVID-19.

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. All programs and facilities of the Township of Galloway are open to all residents regardless of race, sex, age, color, religion, national origin or handicap.

Name of Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Refund Policy  
Galloway Township Bus Trip to Lancaster, PA  
Trip Date: December 12, 2026**

All payments for this trip must be made in full by October 16, 2026. Due to advance reservations and non-refundable deposits required by vendors, the following refund policy applies:

Cancellation & Refund Schedule  
On or before October 16, 2026

Trip Cancellation by Organizer  
If the trip is canceled by the organizer (due to weather, low enrollment, or other unforeseen circumstances), participants will receive a full refund.

No-Shows  
No refunds will be given for failure to attend the trip on the departure date

**For Office Use Only:**

Seat Number: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Confirmed: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO THE GALLOWAY SENIOR CENTER  
LOCATED AT 621 W. WHITE HORSE PIKE, EHC, NJ 08215.**