

New York City Day On Your Own On Saturday, May 17, 2025

Cost Per Person is \$64.00 Reservations are due by Friday, April 11, 2025



Features: Roundtrip motor coach transportation via C&R V.I.P., Inc. Bus Driver's Tip

Itinerary:7:00 amDepart from DGS Annex (formerly Harrisburg State Hospital) in
Harrisburg across from the Farm Show Complex10:30 amApproximate arrival in NYC7:00 pmDepart from NYC10:30 pmApproximate arrival in Harrisburg

No stops enroute unless required by the bus company



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. Cancellations will only be refunded if space is resold by SERA. Age Limit: 8 years

For more information on other SERA trips, please visit our website at <u>http://www.seraofpa.com</u> E-mail us at: <u>contact@seraofpa.com</u> Visit us on Facebook at SERA - State Employees Recreation Association

ABSOLUTELY NO TELEPHONE CALLS – ONLY US Mail Reservations Accepted.

Mail to: SERA NYC – May 2025 PO Box 458 Harrisburg, PA 17108-0458 Payable to SERA On check memo line write: NYC May 2025 (A \$20 penalty will be charged by SERA for returned checks.)

I would like my confirmation letter as (check one):

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Cancellations will only be refunded if space is resold by SERA. No refunds due to inclement weather. Include the full payment with reservation.

ADDRESS: ____

# Reservations Required:						
Amount Enclosed:	\$					
Work #	_ Home #					
Cell #						

Email Address _____ Other Participants _

(Use reverse side of form if necessary)

□ I DO Require Assistance or Accommodations for Disabilities.

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