



## YMCA Senior Excursion at Artisan Corridor Friday, April 20

### Senior Trip

**Artisan Corridor**- Three wonderful, tasty businesses nestled together in Central Point.

**Lillie Belle Farms** – Handmade Chocolates, Truffles, Bonbons, Organic Chocolate Bars, Fresh Berry Cordials and more. YUM!

**Rogue Creamery Cheese Shop** – Handmade Locally, Celebrated Globally. Enjoy the Samples!

**Ledger David Cellars** – Taste local award winning wines. Each harvest season produces and exciting crop of new wine awards!

Bring money for lunch. We will stop for a bite to eat before leaving Medford area. You may bring snacks and drinks in the van.

Bringing spending money is a great idea! We will leave the Y parking lot at 9:30 a.m. sharp and return around 5:30 p.m.

Registration deadline is April 16.

Any questions call Sande at (541) 884-4149

\$24.00 for Y Members

\$30.00 for The Community

Participants: 10 minimum and 14 maximum



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# The YMCA of Klamath Falls

## Artisan Corridor

### Senior Excursion

#### Friday , April 20, 2018

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ F \_\_\_  
Email Address: 

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Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Upon registering for YMCA Senior Excursions, all participants agree to the following:

- Refunds and Credits will not be given on cancellations after the registration deadline.
- You may transfer (resale) your seat to someone else, but they must fill out a registration form with their info on it.
- The YMCA of Klamath Falls reserves the right to change or adjust the itinerary as needed on trips.

To the best of my knowledge I am healthy and should have no physical problems upon participating in Senior Excursion Trips and Activities offered by The YMCA of Klamath Falls. I understand that the YMCA assumes no financial obligation for any injury that may occur. I give my permission to the YMCA to hospitalize and secure proper medical treatment for me should it become necessary. I also agree to behave with respect to others (i.e., other Senior Excursion participants, owners and clientele of businesses and venues we may visit, and YMCA staff) involved in any Senior program offered by the YMCA.

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



**THE YMCA OF KLAMATH FALLS**  
**1221 S Alameda Avenue Klamath Falls OR 97603**  
**(541) 884.4149 [www.kfallsymca.org](http://www.kfallsymca.org)**