



Lifelong Learning Trip to Saint Augustine
February 26-28, 2019

First Day (February 26):

- Comfortable Motor coach Transportation
- Included is lunch at Columbia Restaurant in **Celebration City**
- Tour the Maritime Museum & St. Augustine Lighthouse
- Arrive at the “NEW” Embassy Suites by Hilton Oceanfront Resort
- Complimentary Beverages & Hors d’oeuvres each night
- Dinner on your own or bus transportation to town



Second Day (February 27):

- Complimentary made to order breakfast (each morning)
- Private one hour narrated Trolley Tour of **Historic St. Augustine**
- Access to ride Public Trolley & free time to have lunch/dinner on your own

Third Day (February 28):

- Enjoy your complimentary breakfast and depart at 9:45 A.M.
- “All Aboard” for a Scenic Boat Tour through **Historic Winter Park**. A one hour relaxing cruise with views of Rollins College, Kraft Azalea Gardens, Isle of Sicily and Magnificent mansions.
- Free time downtown after the boat ride to shop and have lunch



Single-\$495.00 Double-PP-\$344.00 Nonmembers add \$15.00/ Patrons Discount \$25.00

Sign up by December 25, 2018

Call 941-637-3533 or go online to www.lifelonglearning-charlotte.org

Bus departs FSW at 9:00 am on 2/26/19 – returns at 6:30 pm on 2/28/19



Trip Registration Form

St. Augustine 3-Day Trip - February 26 -28, 2019

Name: _____

Address: _____

City/St/Zip: _____

Phone Number: _____

Email: _____

Annual Memberships	Membership Fee	#Members	Total Amt. Due
FRIEND	\$ 35.00		
Single Patron FRIEND	\$250.00		
Family Patron FRIEND	\$450.00		
Trip Destination & Date (Please complete a Trip Liability Waiver Form for each person)	Fees	No. Attendees	Total Amt. Due
St. Augustine 3-Day Trip			
FRIEND Members	\$495 Single \$344 PP Double		
Single/Family Patron Members	\$470 Single \$319 PP Double		
Non-Members	\$510 Single \$359 PP Double		

Trip Liability Waiver Form – Must accompany trip registrations.

I hereby waive, release, and forever discharge LIFELONG LEARNING INSTITUTE (LLI), its officers, agents, and employees from all responsibility for any health problems I may incur while on an LLI field trip and from and against any and all claims, demands, action, or causes of action for costs, expenses, or damages to personal property, personal injury, or death.

Name: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Medications you are taking: _____

Allergies: _____

Emergency Contact: _____

Phone Number: _____

Signature: _____

Date: _____

LLI
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