

OCEAN CITY **AARP** CHAPTER 1917

Presents

HUDSON RIVER VALLEY/ WEST POINT, NEW YORK

October 16 – 18, 2018

SAMPLE ITINERARY (Subject to Change)

- Oct 16:** 7:00 AM - Depart Ocean City, 65th Street Civic Center
12:30 PM - Arrive in West Point, NY. *Lunch on your own.*
2:15 – 4:00 PM - West Point Tour
5:30 PM – Arrive at Hotel in Hyde Park, NY
6:30 PM Delicious Dinner at Famed Ever Ready Diner.
- Oct 17:** 8:00 AM - Enjoy Breakfast at the Hotel.
9:00 AM - Depart for a Day of Touring.
10:00 AM – 4:00 PM Eleanor Roosevelt's Personal Cottage, The Val-Kill, then a Tour of the Roosevelt Home, Gardens, and Museum. Following is the Vanderbilt Mansion with Breath Taking Views of the Hudson River.
5:00 PM - Arrive Back at Your Hotel in Hyde Park
6:00 PM - This Evening You're In for a Real Treat as you enjoy Dinner and a Tour at the CULINARY INSTITUTE OF AMERICA.
- Oct 18:** 8:00 PM - Breakfast at the hotel.
11:00 AM - Depart for a Cruise on the Hudson River on the Vanderbilt Rip Van Winkle Cruise Boat. Enjoy Views of Historic Hudson River Lighthouses, Waterfront Mansions and much more.
1:00 – 2:00 PM – *Lunch on Your Own.*
2:30 PM - Depart for Home, Returning to Ocean City

**COST PER PERSON: 425/PP (Dbl); Single Supplement \$112/PP
Deposit \$200/PP DUE 6/14/2018; Balance due 9/13/2018**

(Includes: Gratuities & Driver Tip)

Cancellation by Replacement Only or with Trip Assurance available - \$40/pp

**For RESERVATIONS and additional information, please contact:
Bob McCluskey 410-250-0980 Or E-mail: aarp1917travel@yahoo.com**

DISCLAIMER: These trips are a project of and are offered to the Ocean City, MD Chapter 1917 of AARP. The chapter and any agent it may use in arranging these or any other trips are not responsible in whole or in part to the traveling member for any loss, damage, or injury, whether financial or otherwise, to persons or property, however caused during or in connection with these or any other trips. These trips are activities conducted by Ocean City, MD AARP Chapter 1917 and are in no way offered, sponsored, or conducted by AARP, which has no responsibility in connection with such trips.

Registration Form - Cut Here

NAME(S): _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____ e-MAIL: _____
NAME OF ROOMMATE, IF REGISTERING SEPARATELY: _____

Trip: Hudson Valley/West Point – October 16 – 18, 2018

☐ CASH: _____ ☐ CHECK AMT \$: _____ CHECK#: _____

I/WE ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRIP INSURANCE: ☐ DECLINED ☐ ACCEPT

I/WE ACKNOWLEDGE THAT I HAVE READ THE TRAVEL-TRIP RULES AND AGREE TO ACCEPT ☐

SIGNATURE: _____ Date _____

MAKE CHECKS FOR TRIP PAYABLE TO: AARP 1917, Travel -- PO Box 4193, Ocean City, MD 21843