

THE GARIBALDI MEUCCI MUSEUM



BUS TRIP – April 18

“Celebrate with the Garibaldi Meucci Museum (GMM)”

Your Tour Hosts: Angelo and Carol Rossi, GMM National Overseer Co-Chairs

- 7:30 am LV Watertown SOI, 520 Pleasant Street, Watertown
- 12:00 n Lunch
- 2:00 pm GMM Celebration: Join in the celebration and festivities as the two corner streets at which the GMM is located are renamed **Giuseppe Garibaldi Way** and **Antonio Meucci Way**!!!! Music and all things Italian. Tour of the Museum to follow.
- 5:00 pm TBD (Attempting to book Enoteca Maria, aka “Nonna’s”)
- 6:30 pm LV for home
- 1030 pm AR Watertown SOI

\$250/pp includes: round-trip bus, breakfast, lunch, dinner, driver tip, water, snacks and a goody bag. (20 people needed to secure this price)

Deposit of \$150 due by February 15th; balance due March 15th. **NO REFUNDS** after March 15th unless a replacement is found or there is a waiting list. If under 20, price will be recalculated or trip cancelled (monies paid would be refunded).

Checks should be made payable to: *Angelo Rossi*, and mailed to: *13 Arlington Road, Natick, MA 01760*. Reservation form is attached.

Questions/contact: Carol Rossi, 508-259-2802 or momsswans@yahoo.com

We look forward to sharing YOUR Museum with you.

THE GARIBALDI MEUCCI MUSEUM



BUS TRIP – April 18

“Celebrate with the Garibaldi Meucci Museum (GMM)”

Your Tour Hosts: Angelo and Carol Rossi, GMM National Overseer Co-Chairs

RESERVATION FORM

Person(s) Attending (maximum 2 per form):

Street Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Deposit of \$150 due 2/15; Balance due no later than 3/15. **NO REFUNDS** after 3/15 unless a replacement found or a waiting list.

Questions/contact: Carol Rossi, 508-259-2802 or momsswans@yahoo.com

We look forward to sharing YOUR Museum with you.

Do not write below this line – this portion will be used as your RECEIPTS.

Date Received _____ Check # _____ Amount \$ _____ # of Persons _____

Purpose (Deposit, GMM Trip 4/18) - Balance due no later than March 15th

Date Received _____ Check # _____ Amount \$ _____ # of Persons _____

Purpose: Final Payment, GMM Trip 4/18 – **NO REFUNDS** after 3/15 unless a replacement found or a waiting list