



HUNTSVILLE HOSPITAL

SENIOR HORIZONS

Members Only Day Trip

to

Opryland –Christmas Dinner & Show— Nashville, TN
featuring *The Gatlin Brothers*

December 3 (Thursday)

12:30—10:30 p.m. (Check-in by 12:15 p.m.)

Reservations are confirmed when payment is received.

Treat yourself to a memorable evening of Christmas magic. Join Senior Horizons members for our holiday Day Trip to Nashville to enjoy the ***Christmas Dinner & Show at the Opryland Convention Center***. The Show features ***Larry Gatlin and the Gatlin Brothers*** band. This year the Grammy award winning trio is celebrating 60 years of music and chart-topping hits that have been performed on concert stages all over the world. Included in your ticket price is a **7-course dinner** which has been ranked “excellent” by the travel review website “Trip Advisor.” This festive, French inspired, menu with Southern flair, includes something to satisfy every palate. We will arrive early enough to enjoy **time on our own** to experience the Conference Center’s 2-million dazzling Christmas lights, and dramatic botanical and floral displays prior to the Dinner and Show.

We will be traveling by motor coach with locally owned, Capital Trailways. The tour price includes transportation, tickets to the dinner show, bottled water, and all gratuities. The location of **trip parking** is **Ashley Furniture**, 3020 Memorial Parkway, 35801 (near the Drake and Memorial Parkway intersection) .

Your payment reserves your seat on the trip. Questions: 256-265-7950

Senior Horizons—Members Only-Opryland Dinner & Show Reservation Form

Travel is for Senior Horizons members. If you are not already a member and would like to join call 256-265-7950.

Payment (**\$110.00 per person**) should be received to reserve space on the trip.

Full refunds are provided for cancellations received by November 1

Name(s): _____

Mailing Address: _____

City, State and Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

Email Address: _____ I don't have email _____

Mail payment and form to: Huntsville Hospital Senior Horizons, 101 Sivley Road, Huntsville, AL

SENIOR HORIZONS RESERVATION and MEDICAL INFORMATION FORM

| | | | | |
|--|---------------|--------------------|------------------------------|--------------------|
| Destination: Opryland-Nashville, TN | | | Date of Tour: 12-3-15 | |
| Name: | | | Date of Birth: | |
| Address: | | Home Phone: | | Cell Phone: |
| City: | State: | Zip Code: | Amount Paid: | Check#: |

CANCELLING A RESERVATION: To be guaranteed to receive a full refund, you must cancel your reservation prior to the trip reservation deadline. Please allow two weeks for your refund to be processed. If you cancel your reservation AFTER the trip reservation deadline has passed, you ARE NOT guaranteed a refund unless a traveler can be found to fill your empty seat. Each day trip has a reservation deadline printed on the detailed trip itinerary. The person cancelling the reservation must be the same person that secured the reservation.

RESPONSIBILITY: Senior Horizons acts only in the capacity of agent. Senior Horizons does not accept responsibility for the motor coach service, automobile or any other conveyance used in connection with these tours nor for additional expense due to delays, loss or accident to passenger or baggage occasioned by such service or sickness, war, weather, quarantine or from whatsoever cause. All such losses or expenses shall be borne by the member. **Huntsville Hospital does not own or operate the motor coach or vehicle that you will be traveling in. Huntsville Hospital does not employ the driver and is not responsible for any accidents associated with the vehicle or driver.** Senior Horizons reserves the right to cancel or withdraw the tours prior to departure and to decline to accept or retain any person as a member of the tours, if their actions impose upon or disturb the other members of the tour. The right also reserved to amend the itinerary should it be found necessary for the benefit of the members of the group or for other reasons. **Huntsville Hospital is not responsible for theft or damage to your personal vehicle or contents while it is parked.**

EMERGENCY MEDICAL INFORMATION

| | |
|--|-------------------------|
| Emergency Contact: | Telephone: |
| Relationship to member (spouse, child, parent, neighbor, etc.): | |
| List disability or special health care needs: | |
| List Allergies: | |
| List current medications (use back of sheet if necessary): | |
| Health Insurance Company: | Contract Number: |

By my signature below, I certify that I have read, do understand and do accept the terms of the "Cancellation" and "Responsibility" paragraphs above and, I hereby release Senior Horizons of Huntsville Hospital System, their staff and tour escorts from liability of accident or illness while I am participating in any Senior Horizons trip or tour. Further I agree to absolve Senior Horizons of Huntsville Hospital System and their staff from all responsibility including loss, damage or expense which I may incur by reason of any such accident or illness. I understand and agree that Huntsville Hospital does not own or operate the vehicle I will be traveling and does not employ the driver. I shall be responsible for all uninsured medical expenses. I hereby authorize necessary hospitalization and / or treatment while I am a member of any Senior Horizons sponsored activity.

Signature: _____

Date: _____