

How do I register for a Time Travelers Bus Trip?

Registration can be made by calling the Education Department at 815-723-5201, ext. 235. Registration may also be made via mail by completing the registration packet and mailing it to: Time Travelers Registration, Joliet Area Historical Museum, 204 N. Ottawa Street, Joliet, IL 60432. Please include your payment, signed waiver, and menu choices, if applicable, with your registration.

How can I pay for the Time Travelers Bus Trip?

Payment for the trips may be made with cash, check, or credit card (VISA or Mastercard only). If paying by check, please make checks payable to JAHM. If you are registering for more than one trip, please write a separate check for each trip. **Payment must be received by the registration deadline to reserve your place on the trip.**

Refund Policy

Full refunds are issued for cancellations received **prior** to the registration deadline. Refunds are not issued for cancellations received after the registration deadline.

Photography Policy

Participants permit the Museum to take photos and videos of themselves or minor children during Museum programming for use as the Museum deems appropriate.

Liability Waivers

Participants must sign a liability waiver to participate in the Time Travelers Bus Trips. A waiver is included in this packet or download one from the Museum's website, www.jolietmuseum.org, under the Time Traveler Bus Tours link. If you are registering for more than one bus trip, only one waiver is required for all of the trips.

Cancellation of Trips

Unless otherwise noted, a minimum of 35 participants is required for each trip. If the minimum is not met, the trip will be cancelled and refunds issued. You will be notified of the cancellation via mail or e-mail. Gather your traveling companions and register early to ensure that trips are not cancelled!

Trip Confirmation

Final confirmation is mailed or e-mailed, if we have your current e-mail address, approximately two weeks prior to the date of departure for each trip.



Registration Information~Please Complete Every Line

Name _____

Street Address _____ City _____

Zip Code _____ Home Phone _____

Emergency Contact Name **and** Phone Number _____

If you would like to receive information regarding the trips via e-mail, please give your

E-Mail Address _____

Trip Information

- Place a check mark in front of each trip that you wish to register for and then check your lunch preference, if applicable.
- Remember to pay for each trip with a separate check, if paying by check. Please note, checks are not cashed until after the registration deadline.
- If you are paying by credit card, your card will be charged for each trip separately, with the charge going through on the date of the registration deadline for each trip.
- All trips are made with a deluxe motor coach with a restroom and air conditioning.

Murder at the Mansion (Due April 19)

Wednesday, May 4, 2011 5:30-8:30 p.m.

Member Fee: \$50 Non-Member Fee: \$58

Total Due: \$_____ Payment made by: Cash _____ Check # _____ Credit Card _____

Broadway Bound~Drury Lane Theatre (Due May 20)

Thursday, June 16, 2011 9:00 a.m.- 5:00 p.m.

Member Fee: \$80 Non-Member Fee: \$88

Please select a food choice:

_____ Roast Sirloin Beef

_____ Roast Turkey Breast

Total Due: \$_____ Payment made by: Cash _____ Check # _____ Credit Card _____



Joliet Area Historical Museum ~ 204 N. Ottawa Street ~ Joliet, Illinois 60432

For Programming Contact: Kim Shehorn ~ Phone: (815) 723-5201 ext 235

Place de la Musique (Due June 10)

Wednesday, July 13, 2011 8:00 a.m.-6:00 p.m.

Member Fee: \$85 Non-Member Fee: \$93

Total Due: \$_____ Payment made by: Cash _____ Check #_____ Credit Card _____

A Taste of Amish Country~Arcola and Tuscola, IL (Due July 22)

Wednesday, August 10, 2011 7:00 a.m.- 6:30 p.m.

Member Fee: \$75 Non-Member Fee: \$83

Total Due: \$_____ Payment made by: Cash _____ Check #_____ Credit Card _____

Chicago Architecture~River Cruise and More (Due August 10)

Wednesday, September 14, 2011 8:30 a.m.-4:30/5:00 p.m.

Member Fee: \$72 Non-Member Fee: \$80

Total Due: \$_____ Payment made by: Cash _____ Check #_____ Credit Card _____

Please select a food choice:

- D.C. Chicken Salad on Steakhouse Rye
- Tuna Salad on Whole Grain Harvest
- Tomato Mozzarella on Ciabatta Ficelle
- Smoked Ham on Pretzel Bread
- Smoked Turkey on Pretzel Bread

Guys and Dolls~Theatre at the Center (Due September 16)

Wednesday, October 12, 2011 10:00 a.m.- 5:00 p.m.

Member Fee: \$80 Non-Member Fee: \$88

Please select a food choice:

- Roast Loin of Pork
- Veal Parmesan

Total Due: \$_____ Payment made by: Cash _____ Check #_____ Credit Card _____

VISA or MasterCard Number _____, _____, _____, _____ Expiration Date: _____

Verification Code: _____ (last 3 #s on the back of card) Name on Card: _____



Time Travelers Bus Trip Liability Waiver

One form must be signed by each participant

I, _____, hereby agree that I am participating in a Time Travelers Bus Trip sponsored by the Joliet Area Historical Museum. In doing so, I agree to comply with all of the rules and regulations which are outlined by Museum staff in both printed materials distributed prior to the program and with verbal instructions given at the program. I also agree to comply with all of the rules and regulations, written or verbal, as outlined by the bus company, tour guides, and sites that I visit I understand that failure to do so may result in my immediate termination as a participant in this program.

I assume all responsibility for my own safety while a participant in the Time Travelers Bus Trip. On behalf of myself, my heirs, personal representatives, and executors, I hereby indemnify, release and hold harmless the Joliet Area Historical Museum and the City of Joliet, including their officers, directors, employees and agents from any and all claims, damages and liability, including, but not limited to, any claims of personal injury and property damage and any incidental or consequential damages arising from my participation in the program.

I have read and agree to the conditions stated above.

Name (Please Print) _____

Signature _____ Date _____

Signature of Parent or Guardian if participant is under the age of 18

_____ Date _____

Date of birth if participant is a minor (month, date, year) _____

Participation in this program will be denied if participant (or parent/guardian) signature and date are not on this form.

