The Village of Fox Lake is excited to offer a theatre trip and luncheon! The trip will take place on Wednesday May 24th at the Marriot Theater in Lincolnshire IL. The shuttle bus will leave Village Hall at 9:30am. Lunch will be served at 11am and the show will be at 1:00pm.

Cost: $100/person which includes the show, transportation, and lunch in the Marriott banquet hall.

There is a 53 person limit for this trip so register as soon as possible as spots are expected to fill up quickly!

To register submit a registration form and payment to the Fox Lake Village Hall. The Village will not be able to reserve your ticket without full payment.

ABOUT THE SHOW...

True love where you least imagine.

A musical comedy gem featuring songs by Jerry Bock and Sheldon Harnick (Fiddler on the Roof) and book by Joe Masteroff (Cabaret). She Loves Me is set in a 1930’s European parfumerie, where shop clerks Amalia and Georg, more often than not, don’t see eye to eye. After both respond to a “lonely hearts advertisement” in the newspaper, they now live for the love letters they exchange, but little do they know the anonymous pen pals they have both been falling for happen to be each other!

Directed and Choreographed by Artistic Director Aaron Thielen.
Registration Form
She Loves Me THEATER Trip
May 24, 2017

Participant’s Name: ________________________________

Address: ________________________________________ Phone: (_____) _______ - _______

Cell: (_____) _______ - _______

PAYMENT (circle one): CASH or CHECK or CREDIT

Make Checks payable to: Village of Fox Lake _______ - _______ - _______ - _______ exp. _______

Important Information
The Fox Lake Department of Parks & Recreation Department is committed to conduct its recreation programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants registering for this program must recognize, however, that there is an inherent risk of injury when choosing to participate. The Fox Lake Department of Parks & Recreation continually strives to reduce such risks and insists that all participants follow safety instructions that have been designed to protect the participant’s safety. Please recognize that the Fox Lake Department of Parks & Recreation does not carry medical accident Insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering them self or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Fox Lake Department of Parks & Recreation automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Fox Lake Parks & Recreation Department requires the execution of the following Waiver and Release.

WAIVER AND RELEASE OF ALL CLAIMS
Please read this form carefully and be aware in registering yourself for participation in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I may sustain as a result of participating in and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Fox Lake Park & Recreation Department and its officers, agents, servants and employees. I do hereby fully release and discharge the Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have which may accrue to me arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend the Department and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me connected with, or in any way associated with the activities or the program. In the event of any emergency, I authorize Department officials to secure from any licensed hospital; physician and or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the program details, waiver and release of all claims and permission to secure treatment as stated above.

Participant’s Signature: ___________________________ Date: _____-____-_____

PRINT Participant’s Name: ________________________________