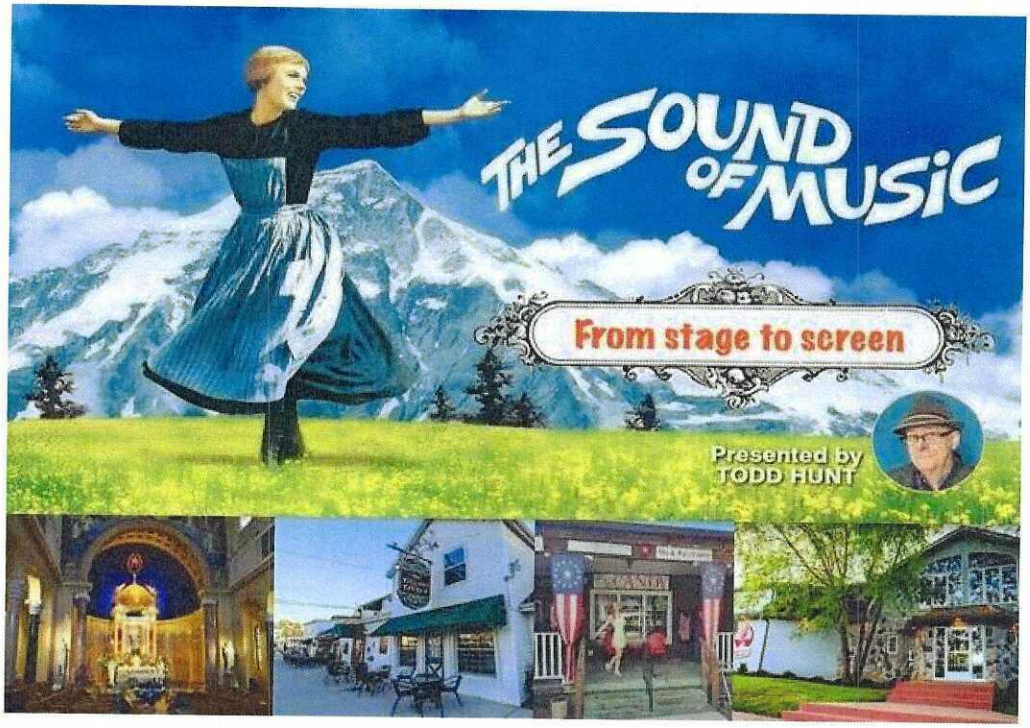

SEPTEMBER 16, 2026

A SAINT, GERMAN FOOD, A BREWERY, SWEETS & THE SOUND OF MUSIC FROM STAGE TO SCREEN

$90.00/PERSON

Experience An Entertaining & Informative Day!

Enjoy a journey back into time with numerous stops along this tour. Fun, nostalgic & interactive presentation using slides, audio and video by Todd Hunt as he shares behind-the-scenes stories of this beloved classic movie.

Registration & Transportation Information:

Registration form, meal choice & payment must be received by September 9th. Payment by check or cash only. Flyer & registration forms are in our lobby or at ***granttownshipcenter.org*** (Documents/Events Tab or on Calendar). (Waitlist will be implemented if all slots are filled prior to 9/9/26.)

Arrive by 9:15am. Bus departs the Township at 9:30am. Approx. time back to Township is approximately 4:30pm.

GRANT TOWNSHIP
LAKE COUNTY, ILLINOIS
EST 1850

1st Stop
Shrine of St. Maximilian Kolbe at Marytown Tour

2nd Stop
Lunch at The Village Tavern, Long Grove & quick trip to Ma & Pa's Candy

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3rd Stop
Buffalo Creek Brewing

& enjoy a presentation "The Sound of Music – from Stage to Screen"

GRANT TOWNSHIP
26725 W. Molidor Rd.,
Ingleside, IL 60041

(847) 740-2233

Registration Form
Sound Of Music Trip – Wednesday September 16, 2026

Participant's Legal Name: _____

Address: _____ Phone: ( ) _____ - _____

City_____ State_____ Zip_____

Seating with: _____

Email Address: _____

Emergency Contact Name _____Phone #_____

Please write your meal choice (#1, #2 or #3). Choices are on reverse side of this sheet _____

PAYMENT (circle one): CASH or CHECK # _____
Make Checks payable to: **Grant Township for $90.00**
Mail to: Grant Township, 26725 W. Molidor Rd. Ingleside, IL 60041
Grant Township Center Phone #: 847-740-2233

Important Information

Grant Township is committed to conduction of its recreation programs and activities in the safest manner possible and to 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. Grant Township continually strives to reduce such risks and insists that all participants follow safety and instructions that have been designed to protect the participant's safety. Please recognize that the Grant Township 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 Grant Township 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 Grant Township 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 or 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 Grant Township and its officers, agents, servants and employees. I do hereby fully release and discharge Grant Township 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 Grant Township 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 Grant Township 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: _____**

Reservation & Payment Due By: Wednesday, September 9, 2026

THE VILLAGE TAVERN

Please choose one of the choices below for your meal on September 16, 2026**:

#1: Pork Schnitzel served over Spaetzel topped with a Creamy Dilled Sauce

#2: German Platter: Veal Bratwurst, Thuringer Sausage, Sauerkraut & German Potato Salad

#3: German Pulled Port: Roasted Pulled Port served over Sauerkraut & Spaetzel Topped with a Light Gravy

** All meals include a non-alcoholic beverage and a slice of Long Grove's Apple Haus Apple Pie A La Mode