

Danvers Recreation Presents...

WINTER SNAKE TRAVELS

Sign up for **ALL THREE AND SAVE!** Total cost for all three programs is only **\$90** After February 8th individual registrations will be accepted.



Kids ages 10-15 are eligible for this Danvers Recreation Program. This program is directed by Tim Creamer and will be staffed by Danvers Recreation employees.

AND...Don't forget to vote "Danvers Recreation's SNAKE Program" for Best Summer Camp at www.wickedlocalfavorites.com.

Wednesday, February 17, 2010 - CocoKey Indoor Water Park

(11:00am – 3:00pm - Dropoff and Pickup are both at Coco Key) *Cost \$35

New England's *BEST* indoor water park opens its doors for Winter SNAKE Travels. Ride the slides, enjoy the lazy river, dunk on the pool basketball hoops, and get dumped on by the gigantic bucket o' water. Pickup and dropoff are both at the Coco Key entrance at The Crowne Plaza Boston North Shore (formerly The Ferncroft).

Thursday, February 18, 2010 - Snow Tubing at Nashoba Valley

(Bus leaves Danvers High School 9:00am and returns at 2:00pm) *Cost \$35

SNAKE Winter Travels goes tubing for the *third* consecutive year. Casually ride up the tube tow to the top of the massive snow hill. Then speed up to 30 miles per hour in a safe but thrilling ride down to the base. It's *awesome*.

Friday, February 19, 2010 - Lowell Devils AHL Hockey Game

(7:00pm game - Bus leaves Danvers HS at 5:30pm and returns at 10:30pm) *Cost \$30

The Lowell Devils battle the Manchester Monarchs with first place on the line (The Blue Line)! Lowell is the Minor league affiliate of the New Jersey Devils, and currently sport several AHL All-Stars. The game is at the fan friendly Tsongas Arena in Lowell. Go Devils!

Sign up online at www.danversrec.com or complete and return this form to Danvers Recreation Town Hall, 60 Cabot Rd.

NAME _____
ADDRESS _____
EMAIL ADDRESS: _____
EMERGENCY # _____

Date of Birth: _____
Phone: _____
Work Phone: _____
EMERGENCY CONTACT: _____

I hold harmless the Town of Danvers, its employees, volunteers, or its agents from any and all injuries that might be sustained by participation in any of the programs. In the event of injury, I grant permission to provide/acquire medical care or assistance. In addition, I hereby give permission for any photographs taken of my child to be used for publicity purposes.

SIGNATURE: _____

PAYMENT TYPE:

Check# _____ Visa/MC _____ Exp. _____