

Horticultural Alliance of the Hamptons

TUESDAY, SEPTEMBER 13TH 2011-THURSDAY, SEPTEMBER 15TH, 2011

COST FOR TOUR PER PERSON BASED ON DOUBLE OCCUPANCY \$700.00
COST FOR TOUR PER PERSON BASED ON SINGLE OCCUPANCY \$850.00

Price includes:

- Two nights at Vineyard Square Hotel and Suites, formerly the Colonial Inn
- Round –trip transportation from Orient Point-Martha’s Vineyard
- All ferry costs
- Two breakfast, three lunches and two dinners
- All admissions to gardens and tour of Martha’s Vineyard and Stonington, CT
- Taxes and gratuities and snacks on bus.
- Cocktail reception on September 13th, 2011

Early bird special. If you sign up for the trip with payment in full on or before June 28, 2011, the price will be reduced by \$25.00 per person.

Based on double occupancy, the price will be\$675.00

Based on single occupancy, the price will be\$825.00

Cancellations for refunds minus a \$50.00 administration fee can be made up to July 15, 2011 and must be received in writing on or before that date. After that date, there will be no refunds. Decision on tour will be made by July 15th 2011. A minimum of 30 people is needed to run the tour. Maximum number of people for tour is 42 people.

Please sign me up for the MARTHA’S VINEYARD TOUR organized by the Horticultural Alliance of the Hamptons.

Name(s) _____
Address _____
Contact: _____ Cell phone _____
E-mail address _____

Early Bird special: Payment by June 28th, 2011.

Enclosed is a check for _____ people at \$675.00 per person. Double occupancy

Enclosed is a check for _____ person at \$825.00 per person. Single occupancy

Normal reservation: Payment by July 15, 2011.

Enclosed is a check _____ people at \$700.00 per person. Double occupancy

Enclosed is a check for _____ person at \$825.00 per person. Single occupancy

I (we) hereby agree to the Waiver and Release set forth below discharging and releasing the Horticultural Alliance of the Hamptons, its officers, directors, employees and agents as provided therein.

Signature _____

If you would like a roommate, we will try to pair you with another person. If you have any questions, please e-mail Estelle Rosen at estellerosen@gmail.com or tel: 917-846-4160

**All payments should be made to:
HAH
P.O. Box 202
Bridgehampton, New York 11932**

WAIVER AND RELEASE

I(we) hereby authorize the Horticultural Alliance of the Hamptons ("HAH"), and such officers, directors, employees and agents thereof as may be appropriate, as my(our) agents (a) to enter into and execute such arrangements, applications and contracts, including for the charter of aircraft, trains, buses automobiles, boats and other means of transportation and for hotels, restaurants, tours and other events, as may, in their discretion be required in connection with the trip referred to above and (b) to make such arrangements or decisions as my be required or deemed appropriate by the HAH or any of them in connection with the trip referred to above.

In consideration of my (our) arrangement to participate in the trip referred to above and the undertaking of such arrangements on my (our) behalf, I hereby release and discharge the HAH and each of its directors, officers, employees and agents from all liability for any damage or injury, suits, causes, claims or any kind which might arise as a result of or in the course of or in connection with such trip. I(we) understand, of course, that this agreement will in no way affect any liability which may arise on the part of any third party.

This release and discharge with respect to such trip is binding on my legal representatives, executors, administrators, heirs, successors and assigns. This release and discharge shall be in addition to and shall not reduce the waiver and release accepted upon my becoming a member of the HAH. I(we) understand that changes may be made to the trip referred to above and that such changes shall not affect this release and waiver.