



*Burlington Recreation Department presents ...*

# NANTUCKET



**May 22-23, 2011      2 Days/1 Night Trip**

## **NANTUCKET ISLAND**

An island off the southeastern coast of Massachusetts, Nantucket was originally settled by the Quakers and whalers. Nantucket Town is the island's hub. Take time to enjoy the architecture, historical sites, fine dining and shopping at antique and specialty shops. The island is 14 miles...secluded beaches thick with bayberry, beach plum and heather.

### **YOUR NANTUCKET TRIP WILL INCLUDE:**

- Round-trip deluxe lav-equipped motorcoach transportation. (Departure approximately 6:00 am) (Return approximately 7-8:00 pm)
- Round-trip ferry from Hyannis to Nantucket.
- Transfers between ferry and hotel.
- Accommodations for one night at the Nantucket Inn, featuring health club and indoor/outdoor pools.
- One (1) breakfast & one (1) dinner, (choice of restaurant).
- Island tour & ticket to newly renovated Whaling Museum.
- Box lunch on board ferry from Nantucket to Hyannis.
- Luggage handling at hotel.
- All taxes and gratuities for included features, except customary gratuities to driver and escort.
- Celebration Tours Escort throughout.

### **Rates Per Person**

**\$299.00    Twin Basis**  
**\$289.00    Triple Basis**  
**\$279.00    Quad Basis**  
**\$359.00    Single Basis**

*For reservations,  
contact:*

***Burlington Recreation  
(781) 270-1695***

### **RESERVATION FORM**

Return to: **BURLINGTON RECREATION DEPT  
TOWN HALL  
BURLINGTON MA 01803**

**NANTUCKET ISLAND**  
**DATE: May 22-23, 2011**  
**Twin \_\_\_ Triple \_\_\_ Quad \_\_\_**  
**Single \_\_\_**

Enclosed please find \$ \_\_\_ pp as \_\_\_ deposit; or \_\_\_ payment in full for \_\_\_ person(s). \$100 pp deposit due with reservation. Full payment is due 35 days prior to departure. Cancellation received up to 35 days prior to departure, \$50pp fee. Cancellation received within 35 days, \$50pp fee plus any applicable tour/ticket penalties. No refunds for cancellations received within 7 days of departure. Please note any health restrictions for a handicapped person. Please make checks payable to: **TOWN OF BURLINGTON**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of Roommate(s) \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs? \_\_\_\_\_