

Getaway to Chicago!



Monday, June 21, 2010

ITINERARY

- Depart from Carroll County Farm Bureau at 6:30 am, pick up at Ogle County Farm Bureau at 7 am, and travel to Chicago's Navy Pier for our 10 am **Shoreline Sightseeing boat tour** on the Chicago River, a one-hour cruise highlighting the unique architecture of the Chicago skyline. Breakfast bars and bottled water will be provided on the bus.
- Following the tour, you'll have several options: our bus will drop shoppers downtown, then proceed to the museum complex (**Field Museum, Shedd Aquarium and Adler Planetarium**) returning to Navy Pier. The afternoon will be yours to enjoy Navy Pier, the lakeshore and the rest of the Chicago Experience.
- The bus will depart from Navy Pier at 5 pm, pick up passengers at our downtown pickup point at 5:10 pm, and pick up passengers at the museum complex point at 5:30 pm.

Call the Farm Bureau at
815-244-3001 to reserve your seat today!



Cost	Adult	Seniors	High School	K-8
Farm Bureau Members	\$50	\$47	\$45	\$40
Non-Members	\$55	\$52	\$50	\$45

Cost Includes: Bus transportation, Shoreline boat tour ticket, and refreshments on bus. All other expenses are on your own.

GETAWAY TO CHICAGO!

RESERVATION FORM

June 21, 2010

ITINERARY

6:30 a.m. – Leave Carroll County Farm Bureau

7:00 a.m. – Pick Up at Ogle County Farm Bureau

10:00 a.m.-Shoreline Sightseeing Boat Tour

11:00 a.m.-5:00 p.m. – Chicago Experience of your choice

5:00 p.m. – Bus departs from Navy Pier

5:10 p.m.-Pick up at downtown pick up point

5:30 p.m.-Pick up at Museum Complex pick up point

8:00 p.m.-Return to Ogle County Farm Bureau

8:30 p.m.-Return to Carroll County Farm Bureau

(Complete, clip & return with Payment)

NAME (s): _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

TOTAL ENCLOSED:\$ _____

***Return by June 7th to:
Carroll County Farm Bureau
811 South Clay Street
Mount Carroll, IL 61053***

**GETAWAY TO CHICAGO!
EMERGENCY CONTACT FORM**

You are asked to please complete this form and return it to the Carroll County Farm Bureau. All information shared will be kept by the Carroll County Farm Bureau and shared with your motorcoach operator in case of emergency.
Thank you.

YOUR NAME(s): _____

EMERGENCY CONTACT INFORMATION:
(who do you want us to contact in case of an emergency)

NAME: _____

PHONE: _____ **CELL PHONE:** _____

MEDICAL INFORMATION:
(conditions or medications we should be aware of)

NAME	CONDITION/MEDICATION

Complete & Return to:

Carroll County Farm Bureau
811 South Clay Street
Mount Carroll, IL 61053