

Grant Township Presents...

Scrooge

The Musical



Fireside Dinner Theatre

(Fort Atkinson, Wi.)

Sunday • November 26th, 2023

• \$149 per person

Departure & Location

9:00am Depart Grant Township - 26725 Molidor Rd, Ingleside, Il.

(Estimated return 5:30pm) *Reservations must be in by October 15, 2023.*

Join us for this merry, sparkling, tuneful, boisterous Broadway musical version of the world's most beloved Christmas story - Dickens' A CHRISTMAS CAROL. Based on the popular musical movie starring Albert Finney, beautiful and rousing musical score (including the well-known "Thank You Very Much"), breath-taking dancing, beautiful period costumes, uproarious comedy, and heart-warming drama. If you have to choose only one Christmas show this season you must come see SCROOGE THE MUSICAL at The Fireside.

Menu: Begin your Brunch with an assortment of **Quick Breads and Pastries** from our bakery along with a **Fresh Fruit Smoothie**.

Each show our Chefs will prepare a **Beef Tenderloin** dish and select one of our popular **Breakfast Potatoes** for our brunch buffet which includes two **Chef-Carved meats**, **Eggs Benedict on Jones Canadian Bacon**, **Scrambled eggs**, **Jones Bacon and Sausage Links**, **Chicken Tenderloin Tempura with Brandied Apricot Sauce**, **Biscuits and Sausage Gravy**, **fresh Atlantic Salmon**, **Buttermilk Pancakes**, and **Steamed Farm Fresh Vegetables**. **Black Forest Cake for Dessert**. Coffee, Tea, and Milk are included.

For Reservations Contact Grant Township

847-740-2233

*Gratuities for the driver are not included in the price and are at the passenger's discretion. Please note that the itinerary is subject to change due to COVID restriction that may be enforced without notice. Payment is due at time of reservations. All day trips are non-refundable. Menu is subject to change due to circumstances beyond our control.

Registration Form
Scrooge The Musical - Sunday, November 26, 2023

Participant's Legal Name: _____

Address: _____ Phone: () _____ - _____

City _____ State _____ Zip _____

Seating with: _____

Email Address: _____

PAYMENT (circle one): **CASH** or **CHECK** # _____

Make Checks payable to: **Grant Township for (1) ___ \$149.00,**

Mail to: Grant Township, 26725 W. Molidor Rd. Ingleside, IL 60041

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: Sunday, October 15, 2023