

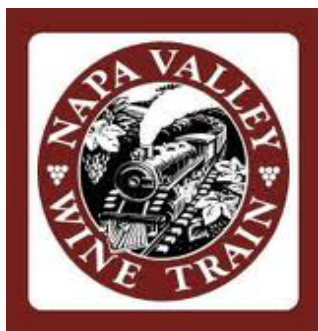


南加州中國大專院校聯合校友會

Joint Chinese University Alumni Association of Southern California

第36屆
會長 劉煥君
理事長 侯微月

Napa Valley 納帕谷酒莊 & 酒鄉火車 頂級火車套餐 & 蒙特利灣遊船三日遊



8/30/2014 週六 出發; 9/1/2014 週一 回程
\$350/370/390/490 (4人/3人/2人/1人一房)

*行程包含: 一早點, 瓶裝水, 酒鄉火車 + 頂級火車牛排套餐, 二蟹王&海鮮自助晚餐, Sheraton Hotel 喜來登酒店或同級二晚, 車資, 巴士保險, 導遊

(*行程不含第2, 3天早餐及小費 \$18/人 *自費午餐 \$13/人 *自費蒙特利灣遊船 \$14/人)

聖路易奧比斯堡 & 聖芳濟教會---蒙特利灣遊船---漁人碼頭---蟹王&海鮮自助晚餐

早晨從 LA 出發, 約一個半小時車程, 首先參觀為加州文化遺產的聖路易奧比斯堡聖芳濟教會, 建於一七七二年, 並是全加州唯一的一座 L 字型教會建築, 教堂外有水池, 庭院和美麗寧靜之草地。

午後驅車前往迷人的蒙特利灣漁人碼頭。輕柔的海風, 蜿蜒的海灣, 讓人心曠神怡。我們並可於漁人碼頭乘坐玻璃船遊港, 玻璃船沿著碼頭行駛, 途沿可愛的海狗、海獅徜徉其間。還有在船底下的大片玻璃中, 看魚群環繞於玻璃船底, 讓人驚喜連連。晚餐特別安排享用蟹王&海鮮自助晚餐, 足可讓人大快朵飴一番!!! 於晚餐後回旅館。夜宿: Sheraton Hotel 喜來登酒店 或同級。



Napa Valley 納帕谷酒鄉 & 觀景火車 + 頂級火車牛排套餐---酒莊品酒

(早餐自理) 早晨前往加州著名的納帕谷酒鄉 (Napa Valley), 作為全美最負盛名的葡萄酒產地,

帶領加州葡萄酒在世界舞台上出頭，是品酒之人必至的朝聖之地。**Napa Valley Wine Train** 納帕谷酒莊 & 觀景火車讓您深入體驗納帕谷的魅力，全程飽覽優美的葡萄園風光與世界著名的納帕葡萄酒莊。在約四小時的車程中並享用於列車上現點現做的頂級新鮮佳餚。每輛餐車上都有各自的廚房與特製菜單。餐車主廚獲獎無數，堅持只用最新鮮的當季食材為您提供頂級美食及輕鬆而浪漫優雅的用餐體驗!!! 餐後也可於品酒車廂中，品嚐數款納帕谷葡萄美酒。也可在火車上的觀景台呼吸納帕谷的新鮮空氣。下車後前往納帕谷酒莊品酒，釀酒廠開放參觀，並設品嚐室，您可自費品嚐當地自產之葡萄美酒，更可於葡萄園留影。晚餐特別安排享用蟹王&海鮮自助晚餐，於晚餐後回旅館。

夜宿: Sheraton Hotel 喜來登酒店 或同級。



矽谷 & 史丹佛大學 ---Outlets名牌直銷店---洛杉磯

(早餐自理) 早晨前往參觀位於矽谷的史丹佛大學，於1891年由鐵路大亨利蘭·史丹佛成立，占地35平方公里，是美國面積第二大的大學，遊客總是會被優雅的校園氣息深深吸引。回程順停名牌直銷店購物，讓您享足購物樂趣。於直銷店自由用餐後載著滿滿三天遊的回憶踏上歸途，於晚上七時左右返抵洛城。(旅行社保留改變行程之權利，以便團體順利之進行)



名額有限，請提早報名，截止日期為 8 月 5 日，報名方式如下：

請上www.jcuua.org網站首頁，左側，"檔案下載"，點選報名表，填妥後，連同費用及 Accident Waiver and release of Liability Form，於 8 月 5 日前寄給郭銘時，請參照報名表上之收信地址。

預訂：請先將報名表 Email 給張元松 或 郭銘時 或 Fax 給郭銘時：909-860-1803，再將上列 3 項資料寄出。Email 或 Fax 後，請電張元松或郭銘時以確定我們收到您的資料（參照報名表）

上車地點及時間

* 7:30 AM: 17539 E. Rowland St, City of Industry, CA 91748

* 8:00 AM: 聖蓋博, 1045E Valley Blvd., # A111, San Gabriel, CA91776 (C.T.S 大亨假期)

二〇一四年南加州中國大專院校聯合校友會

會 長 劉煥君 Olivia Liao (626)260-5452

理 事 長 侯微月 Vivian Brown (626)862-1192

召 集 人：張元松 Jennifer Ho (562)787-0576 jenniferho2000@yahoo.com

總 幹 事：郭銘時 Kevin Kuo (714)588-9810. Kevinmkuo59@aol.com

敬邀



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Joint Chinese University Alumni Association of Southern California

第36屆
會長 劉煥君
理事長 侯微月

"8/30-9/01/2014 秋之旅"報名表

報名日期: 即日起至 8/5/2014 額滿即止. 請早報名

支票開給 (Make Check Payable to): JCUAA

請將 1. 報名表 2. 支票 3. Accident Waiver and Release of Liability Form (一家一表) 寄至:

Jennifer Ho 張元松

12225 South St., #107, Artesia, CA 90701

預訂: 請先將報名表email給Jennifer Ho 或 fax 562-860-0427, 再將上列3項資料 寄出。
Email或fax後, 請電Jennifer Ho以確定我們收到您的資料。

聯絡人: Jennifer Ho 562.924.9011 Email: jennifer.risp@gmail.com

| | | | |
|---------|---|-------|---------------------------------------------------------------------|
| 姓名(中/英) | / | 所屬校友會 | |
| 手機號碼 | | 上車地點 | City of Ind. <input type="checkbox"/> S.G. <input type="checkbox"/> |
| 姓名(中/英) | / | 所屬校友會 | |
| 手機號碼 | | 上車地點 | City of Ind. <input type="checkbox"/> S.G. <input type="checkbox"/> |
| 姓名(中/英) | / | 所屬校友會 | |
| 手機號碼 | | 上車地點 | City of Ind. <input type="checkbox"/> S.G. <input type="checkbox"/> |
| 姓名(中/英) | / | 所屬校友會 | |
| 手機號碼 | | 上車地點 | City of Ind. <input type="checkbox"/> S.G. <input type="checkbox"/> |

參加人數: _____ 人

| | | |
|-----|----------------------------------------------|----|
| 費用: | <input type="checkbox"/> 單人房 (每人\$490) X 1 = | \$ |
| | <input type="checkbox"/> 兩人房 (每人\$390) X 2 = | \$ |
| | <input type="checkbox"/> 三人房 (每人\$370) X 3 = | \$ |
| | <input type="checkbox"/> 四人房 (每人\$350) X 4 = | \$ |

付款方式: 現金_____ 或 支票號碼 # _____ 總金額 \$

| | |
|-----------|------------------------------------------------------------------------------------------------------------------------|
| 上車地點 / 時間 | City of Industry at 7.30am: < _____ > 人 17539 E Rowland St. City of industry CA. 91748 (陳耀華 626-731-1090) |
| | San Gabriel at 8.00am: < _____ > 人 1045 E. Valley Blvd., # A111, San Gabriel, CA 91776 (C. T. S. 大亨假期 626-2888-668) |

備註



Accident Waiver and Release of Liability

I acknowledge that this event could be dangerous and carries with it the potential for serious injuries and personal and property losses. The risks include, but not limited to, those caused by other people including, but not limited to, participants, volunteers, spectators, event officials, and event monitors, and/or producers of the event. I hereby assume all of the risks of participating in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being relapsed by this form, from dangerous of defective equipments or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical personnel.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers for the event in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:)A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: JCUAA, their directors, officers, employees, volunteers, representative, and agent, the event holders, event sponsors, event directors, event volunteers: (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event.

I acknowledge that there is a possibility that, after my execution of this Release, I will discover facts or incur or suffer claims which were unknown or unsuspected at the time this Release was executed and which, if known by me at that time, may have materially affected my decision to execute this Release. I acknowledge and agree that by reason of this Release, I am assuming any risk of such unknown facts and such unknown and unsuspected claims. I have been advised of the existence of Section 1542 of California Civil Code, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

Notwithstanding such provision, this Release shall constitute a full release in accordance with its terms. I knowingly and voluntarily waive the provisions of Section 1542, as well as any other statute, law or rule of similar effect.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holder, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its content.

Name of event: JCUAA 2014 Fall Trip to Napa Valley Trip Date: 8/30/14 – 9/01/14

Print Name: _____ Signature: _____ Print Chinese Name: _____

Address: _____ Phone #: (_____) _____

Emergency Contact Name: _____ Phone # (_____) _____

Print Name: _____ Signature: _____ Print Chinese Name: _____

Address: _____ Phone #: (_____) _____

Emergency Contact Name: _____ Phone # (_____) _____

Parent/Guardian Waiver for Minors (Under 18 Years Old) Minor's Name: _____

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnity each and all of the parties referred to above from all liability, loss cost, claim or damage whatsoever which may be imposed upon said parties because of my defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or

Legal guardian. Name of Parent/Guardian: _____ Phone # (_____) _____

Address: _____ Signature: _____ Date: _____