

OCEAN CITY **AARP** CHAPTER 1917

Presents

THE ROCKETTES RADIO CITY MUSIC HALL - NEW YORK

December 3-4, 2018 (2days/1 Night)

SAMPLE ITINERARY (Subject to Change)

- Dec 3: 7:30 AM - Depart Ocean City, 65th Street Civic Center
 12:00 PM –Arrive in New York City. Enjoy *Lunch on your own*
 1:30 PM – Radio City Music Hall for 2:00 PM Matinee
 4:30 PM – Dinner at Buca di Beppo
 6:00 PM – Bus departs for Holiday Inn Hotel in NJ
- Dec 4: 7:00 - 8:00 AM - Breakfast at the hotel.
 9:00 AM - Depart for a New York City
 10:00 AM board the bus for “THE RIDE” ADVENTURE, an interactive tour though New York City
 11:30 AM Board our bus for “EATALY” indoor Italian Market.
 12:30 PM– Arrive at “EATALY” - Enjoy free time to wander through this amazing Italian Market and have – *Lunch on Your Own.*
 4:00 PM – Bus departs for stop at famous MASTORI restaurant for *Dinner on Your Own*
 7:30 PM Depart for Home, Returning to Ocean City at approximately 11:30 PM

COST PER PERSON: 325/PP (Dbl); Single Supplement \$68

Deposit \$200/PP DUE NO LATER THAN 9/13/2018;

Balance due 11/8/2018

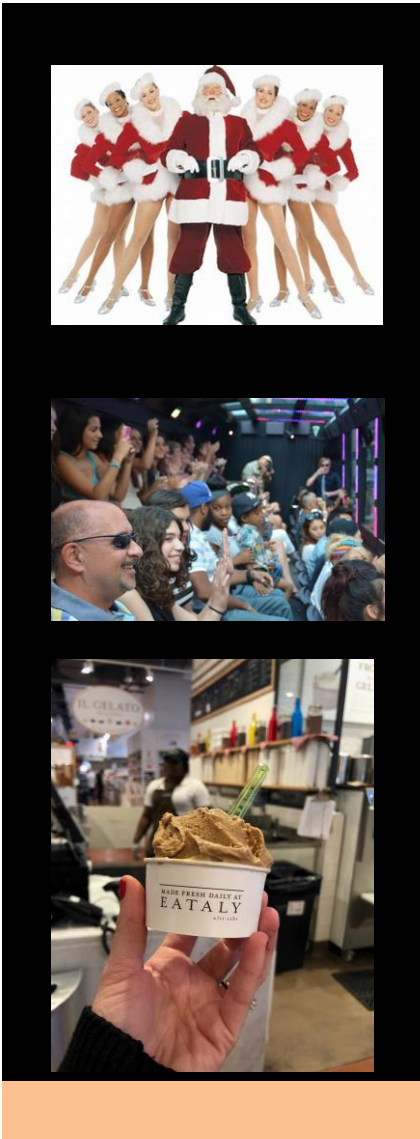
(Includes: Gratuities & Driver Tip)

Cancellation by Replacement Only or with Trip Assurance available - \$30/pp

For RESERVATIONS and additional information, please contact:

Alcea Sprung 410-352-5748 Or E-mail:aarp1917travel@yahoo.com

DISCLAIMER: These trips are a project of and are offered to the Ocean City, MD Chapter 1917 of AARP. The chapter and any agent it may use in arranging these or any other trips are not responsible in whole or in part to the traveling member for any loss, damage, or injury, whether financial or otherwise, to persons or property, however caused during or in connection with these or any other trips. These trips are activities conducted by Ocean City, MD AARP Chapter 1917 and are in no way offered, sponsored, or conducted by AARP, which has no responsibility in connection with such trips.



----- Registration Form - Cut Here -----

NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ e-mail _____

NAME OF ROOMMATE, IF REGISTERING SEPARATELY: _____

Trip: New York City Music Hall New York City - Rockettes

CASH: _____ CHECK AMT \$: _____ CHECK#: _____

I/WE ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRIP INSURANCE: DECLINED ACCEPT

I/WE ACKNOWLEDGE THAT I HAVE READ THE TRAVEL-TRIP RULES AND AGREE TO ACCEPT

SIGNATURE: _____ Date _____

MAKE CHECKS FOR TRIP PAYABLE TO: AARP 1917, Travel -- PO Box 4193, Ocean City, MD 21843