

OCEAN CITY **AARP** CHAPTER 1917

*Presents*

**TROPICANA RESORT CASINO, ATLANTIC CITY**

***A LITTLE GAMBLING – A FABULOUS LUNCH – AN AMAZING SHOW!***

**Monday, April 30, 2018**



Come join us for a fabulous day of gambling at the **Tropicana Resort Casino**– including \$15 Slot Play Money, an amazing lunch at the famed **Carmines Restaurant** and Reserved Seating for **“Who Loves You”** – a tribute to Frankie Valli & the Four Seasons. This production consists of 4 young Broadway Veterans, who re-create the music and stories of a great era of the Four Seasons!

**Proposed Itinerary (Times May Fluctuate)**

7:00 am Depart 65<sup>th</sup> Street Circuit Court/Public Safety Bldg.  
11:00 am Arrive at Tropicana Casino for some Gambling Fun with \$15 Slot Play Money or take a Stroll on the Boardwalk  
1:00 pm Lunch at Carmine’s Restaurant  
3:00 pm Reserved Seating, “Who Loves You” Show  
5:45 pm Depart for Ocean City  
9:30 pm Approximate Return Time to OC

**COST PER PERSON: \$109.00/PP, DUE BY 3/15**

*(Includes: gratuities & driver tip)*

***Cancellation Policy: Refund by Replacement or with***

***TRIP ASSURANCE - \$20/PERSON***

***For RESERVATIONS and additional information, please contact:***

***Sandy Kvech 443-664-2003 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 sponsored, or conducted by AARP, which has no responsibility in connection with such trips

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,

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

**NAME(S):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **e-MAIL:** \_\_\_\_\_

**Trip: Tropicana Resort Casino, April 30, 2018**

☐ **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**