

CLINTON TOWNSHIP SENIOR CENTER PRESENTS...

Zehnder's of Frankenmuth – Summer Shows –

PURE AM GOLD

Your Classic Radio Concert Experience

Tour Date: June 7, 2024 (Friday)

Pick Up: Clinton Township Senior Center

Departure Time: 9:15am

Approx. Return: 6:00pm

\*Please arrive to pick up location 15 minutes prior to departure time

YOUR RYBICKI TOURS ADVENTURE INCLUDES:

- Transportation- Roundtrip via modern motorcoach. Reclining seats + restroom equipped for your comfort.
- Lunch- A special plated 2-piece Chicken Luncheon in their beautiful main dining room.
- PURE AM GOLD- Go back in time to the AM Radio Concert Experience! Come enjoy this 8-piece horn band with impeccable vocals as they take you back to the GOLDEN age of the 60's and 70's AM radio with their fantastic song selections and remembrances of great days passed. Featuring hits by Burt Bacharach, The Mamas and the Papas, Tony Orlando and Dawn, Neil Diamond, The Monkees, Artists of the British Invasion and many others!
- Shopping Time- Enjoy some free time on Main Street of downtown Frankenmuth for shopping and exploring.
- Tour Manager – Professional from Rybicki Tours

\*Driver and Tour Manager gratuity not included.

Table with 4 columns: TOUR PRICE: \$125 Per Person; For Availability Contact: Clinton Township Senior Center Member Services 586-286-9333; NTA logo and Facebook icon; Rybicki TOURS logo with compass rose, phone number 248-735-0558, email info@rybickitours.com, and website www.rybickitours.com; Rybicki Tours disclaimer text.

\*REGISTRATION DEADLINE- APRIL 19 (unless the tour reaches ticket capacity beforehand)

\*CANCELTION POLICY– Subject to a \$95 cancellation fee per person if canceled after APRIL 19.

No refund if canceled within 72 hours of the tour date.

To secure a reservation, please fill out & attach a check made payable to Clinton Township Senior Center- 40730 Romeo Plank Road, Clinton Twp., MI 48038. Credit cards are also accepted at the center.

Tour: Zehnder's Pure AM Gold (\$125pp) Date: June 7, 2024 Group: Clinton Township
Name: \_\_\_\_\_
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_
Mobility/Dietary Restrictions \_\_\_\_\_
In case of emergency, please notify: \_\_\_\_\_ Phone # \_\_\_\_\_