



# IT'S A MYSTERY!

Where are we headed? That's part of the fun!

**Tour Date: September 30, 2026 (Wednesday)**

**Pick Up: Clinton Township Senior Center**

**Departure Time: 8:30am (Arrive by 8:15am)**

**Approx Return: 5:15pm**

**YOUR RYBICKI ADVENTURE INCLUDES:**

- **TRANSPORTATION**– Roundtrip via modern motorcoach. Reclining seats + restroom equipped for your comfort.

*Where are we headed? That's part of the fun! Join us for a delightful mystery tour filled with charming discoveries, memorable experiences, and seasonal surprises. Enjoy an **included lunch** and spend the day exploring hidden gems as each destination is revealed along the way. From unique local experiences to a taste of Michigan's harvest season, this relaxing day trip is sure to keep you guessing from start to finish!*

- **TOUR MANAGER** – A dedicated Rybicki Tours Tour Manager will be with you every step of the way to ensure a smooth and enjoyable experience. Gratuity is included. Additional gratuity is welcome and at your discretion.

*\*Driver gratuity not included.*

<p><b>TOUR PRICE:</b></p> <p><b>\$135</b></p> <p>per person</p>	<p><b>For Availability Contact:</b></p> <p>Clinton Township Senior Center Member Services</p> <p>586-286-9333</p>	 <p>248-735-0558 info@rybickitours.com www.rybickitours.com</p>	<p>Rybicki Tours does not own or operate any of the supplies of services or accommodations for your trip. As a result, it is not responsible for any negligent or willful act or failure to act of any such supplier or any third party over whom Rybicki Tours has no control.</p>
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**REGISTRATION DEADLINE - SEPTEMBER 9.** (sign ups made after are accepted based on availability.)

**CANCELLATION POLICY-** No refunds after registration deadline date - September 9.

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.**

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**Tour: It's a Mystery!** **Date: September 30, 2026** **Group: Clinton Township**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mobility/Dietary Restrictions \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone # \_\_\_\_\_