CLINTON TOWNSHIP SENIOR CENTER PRESENTS…

ART IN THE PARK!

in Plymouth, MI

Tour Date: July 11, 2025 (Friday)

Pick Up: Clinton Township Senior Center

Departure Time: 9:45am **Approximate Return:** 4:15pm

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

YOUR RYBICKI ADVENTURE INCLUDES:

- **Transportation-** Roundtrip via modern motorcoach. Reclining seats + restroom equipped.
- **Art In The Park** - Enjoy 4 hours of free time for the Art Fair and all Downtown Plymouth has to offer! A signature Michigan event, Art In The Park, now in its 44th year will welcome over 400 artists from around the U.S. offering paintings, sculpture, ceramics, jewelry, fiber, glass, woodwork, photography, folk art & much more. Entertainment and cuisine will complement the art exhibitors , creating a sensory filled weekend experience. Be a part of the tradition…join us at Michigan's 2nd largest art fair for a weekend long celebration of art, food, and fun!

***Please note:** There will be a designated drop off and pick up location for the group that will be shared on the day of the tour.*

- Tour Manager – Professional from Rybicki Tours. ***Driver and Tour Manager gratuity not included.***

TOUR PRICE: **$49** Per Person	For Availability Contact: Clinton Township Senior Center Member Services 586-286-9333	Rybicki TOURS 248-735-0558 info@rybickitours.com www.rybickitours.com	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.

REGISTRATION DEADLINE- JUNE 26. (unless the tour reaches maximum capacity beforehand).

Cancellation Policy– No refund if canceled after June 26.

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: ART IN THE PARK ($49pp) **Date: July 11, 2025** **Group: Clinton Township**

Name: _____ List special needs, if any: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Tel: _____ Cell: _____ Email: _____