



Champion Services Travel



SIGHT & SOUND THEATRES

# MIRACLE OF CHRISTMAS

## Live on stage!

### This Christmas Event & Package Includes:

- R/T Luxury Motor Coach
- Breakfast Stop, Cracker Barrel (your exp.)
- Christmas Shopping Opportunity...



MIRACLE OF CHRISTMAS (Front Center Balcony) & Dinner  
 Motor Coach Departs promptly at 08:00 AM  
 MC Pickup starts at 7:30AM / Return approx. 10:00PM  
 Oxon Hill Park & Ride  
 6600 Oxon Hill Road, Oxon Hill, MD. 20745  
 Show: 3-5:30 pm at Sight & Sound Theatre, Lancaster PA  
 Dinner: Eden Resort Inn, right after Play

(Dinner style: Deluxe Smorgasbord- includes Prime Rib)  
 \*\*\* Northern PG Pickup TBD \*\*\*

## Friday Dec. 15, 2017

### Cost: \$165 per person

(\$120 children 5-12yrs.)

After decades of crushing Roman rule, the Hebrew people are losing hope. When will the promised Messiah come? Into the midst of this turmoil, young Mary is told she will miraculously bear God's son. Who can even believe such a thing? Celebrate the season with your whole family as the Christmas story unfolds right before your eyes.

### Terms Per Person:

A nonrefundable deposit of \$50pp is due by Aug. 15, 2017 – Second Dep. of \$50 due Sept. 15/17 & Final payment due Oct. 15/17  
 \* All sales are final and under 100% Penalty at deposit, however you are allowed to transfer only with a replacement name \*  
 Form of payments accepted: Certified Check, Personal Check, Money Order or Credit Card (CC- add 3% processing fee)

Travel arrangements by: [Champion Services Travel - \(301\) 686-0970 / M-F, 9a – 5p EST](http://Champion Services Travel - (301) 686-0970 / M-F, 9a – 5p EST)  
[PO Box 44140, Fort Washington, MD 20744 / www.all4champion.com](http://PO Box 44140, Fort Washington, MD 20744 / www.all4champion.com)

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Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Payable to: [Champion Services Travel \(CST\)](http://Champion Services Travel (CST) PO Box 44140, FT. Washington, MD 20744)  
 PO Box 44140, FT. Washington, MD 20744

Address: \_\_\_\_\_ # of travelers depositing/ deposit: \_\_\_\_\_ / \$ \_\_\_\_\_ BK Code: [CSTMCI2/17](http://CSTMCI2/17)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age of Child/s if traveling: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Special Needs \_\_\_\_\_

E-mail: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ SC \_\_\_\_\_

CC-Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name on CC: \_\_\_\_\_ Signature: \_\_\_\_\_

Travel Partner/s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ add 3% processing fee

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_