



NYC Day Trip to Broadway and Dinner Starring Patti LaBelle December 11, 2010



Fela Anikulap Kuti was a musician (and more) during the sixties and the seventies as well as a controversial political figure. His mother, a political activist herself, and his father, a Christian minister, had hopes that he would become a doctor; however, music, not medicine, was his passion. He lived a life of no compromise, truth, and "originality, not superficiality," as one lyric goes. He travelled to America during the black civil rights movement and came back to Nigeria where music became his weapon to oppose the corrupt government. He was oppressed by the Nigerian government because he refused to stay quiet, insisting on justice, dignity, and truth. Fela! the musical is a transformative experience, theater magic that takes something old and renders it into something new and wonderful.

Your day trip to FELA! Includes:

- Luxury roundtrip motorcoach transportation
- **Orchestra Seats** – Eugene O'Neill Theater – 230 West 49th Street
- Dinner at Dallas BBQ or similar
- Taxes and tips



All rates and deposits are per person: \$175.00. Deposit: \$85.00 due 9/13/10. Balance Due: 10/15/10. Payment: Checks, MC, Visa accepted (add 3%). Deposits are non-refundable and nontransferable. Deposits accepted until sold out. Returned checks subject to \$25.00 fee. Make checks payable to Colesville Travel.

Trip itinerary

6:30 a.m. – Colesville Park and Ride, Silver Spring, MD (New Hampshire & Randolph Road)
7:00 a.m. - College Park Metro Parking Lot
12:00 p.m. - Arrive in New York City. Lunch and free time on your own.
2:00 p.m. - Admission to FELA!
5:30 p.m. - Dinner at Dallas BBQ or similar
7:00 p.m. - Bus departs for Maryland/DC.

All Travel Arrangements by Colesville Travel

Cynthia Amin Hall

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| Passenger Name(s) (DOB): | |
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| Event | Fela – December 11, 2010 |
| Email: | |
| Departure City: | |
| Deposit Amount: | |
| Cardholder (print name): | |
| Home Phone: | |
| Address: | |
| City | |
| Card #: | |
| Security Code#: | |
| Type of Card: | |
| Expiration Date: | |
| <p>____ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited. Cancellation penalties may apply.</p> <p>____ I understand that the names printed on this invoice must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and higher fares or denial of services.</p> <p>____ My payment and signature below constitute acceptance of those terms. I have been offered insurance. Provide DOB (date of birth)</p> | |
| Cardholder's Signature: | |
| Name (printed): | |
| Date: | |

Fax to Colesville Travel at 301-989-8473
or mail to: Colesville Travel, P.O. Box. 4844
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Thank You.