



**Tyler Perry - Madea's Big Happy Family
Play and Dinner – Philadelphia, PA
May 1, 2010**

Your day trip to Madea's Big Happy Family includes:

- Roundtrip motorcoach transportation
- Upper Level – Liacouras Center Arena
- Dinner at The Spaghetti Warehouse
- Taxes and tips

All rates and deposits are per person: \$125.00. Deposit: \$65.00 due 3/15/10. Balance Due: 4/15/10. Payment: Checks, MC, Visa accepted (add 3% for credit cards). Deposits are non-refundable and nontransferable. Returned checks subject to \$25.00 fee. Make checks payable to Colesville Travel. To pay via E-CHECK go to www.colesvilletravel.com. If you make a deposit online, please fax/email registration form. Registration form must accompany all deposits.
RESERVATIONS ACCEPTED UNTIL SOLD OUT.

Trip itinerary

10:00 a.m. – Union Station, Washington, DC (in front of the flags)
10:30 a.m. – Holiday Inn – 10000 Baltimore Avenue, College Park, MD I-495/I-95 and US Route 1.
1:00 p.m. – Arrive in Philadelphia, PA.
2:00 p.m. – Admission to Play. Play starts at 3:00 pm
5:00 p.m. – Dinner at The Spaghetti Warehouse
7:00 p.m. – Bus departs for Maryland/DC.

TRAVEL ARRANGEMENTS BY COLESVILLE TRAVEL

Cynthia Amin Hall
P.O. Box 4844, Silver Spring, MD 20914
Phone: 301.989.1654. Fax: 301.989-8473
Email: cindy@colesvilletravel.com
Website: www.colesvilletravel.com



Credit Card Authorization/Registration Form

Passenger name(s):	<input type="text"/>				
Passenger name(s):	<input type="text"/>				
Passenger name(s):	<input type="text"/>				
Passenger name(s):	<input type="text"/>				
Email address:	<input type="text"/>				
Cruise:	Day Trip to Medea's Big Happy Family – May 1, 2010				
Deposit:	<input type="text"/>				
Cardholder (print name)	<input type="text"/>				
Home Phone	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Card #	<input type="text"/>				
Security Code#	<input type="text"/>	Click here for information on your security code .			
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>				
For credit card payments add 3%.					
Expiration Date	<input type="text"/>				

_____ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited. Passport required.

_____ 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 airfares or denial of services.

_____ My payment and signature below constitute acceptance of those terms. I have been offered insurance.

Cardholder's Signature	<input type="text"/>
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Fax to Colesville Travel at 301-989-8473
or mail to: Colesville Travel, P.O. Box. 4844, Silver Spring, MD 20914
Phone: 301.989.1654 Email: cindy@colesvilletravel.com - Website: www.colesvilletravel.com

Thank You.