



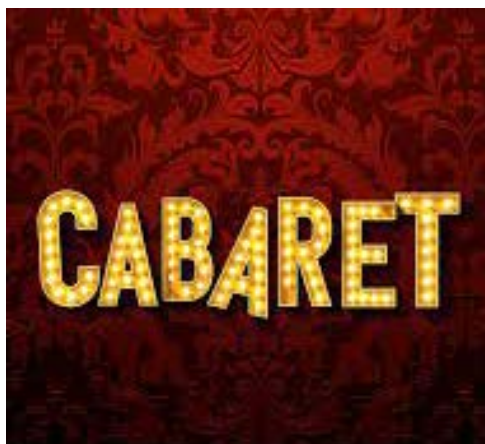
**Wednesday, July 17, 2024**

**Matinee Show 2:00 pm**

**\*Shopping at Bloomfields \*Lunch @ Binion's Roadhouse (on your own)**

**\$145. per person**

***Pricing Includes: Playhouse Ticket, Luxury Motorcoach and Agency Host***



*Book by Joe Masteroff Based on the play by John Van Druten. Stories by Christopher Isherwood, music by John Kander, Lyrics by Fred Ebb. Willkommen to the Kit Kat Klub! A Berlin Nightclub at the end of the 1920s. Hitler's totalitarian regime and the Nazi Party are on the rise. Be transported back in time and welcome for the first time at Flat Rock Playhouse, Kander and Ebb's Broadway sensation, Cabaret! Dark and sensual, it will break your heart and lift your spirits more wildly than anything else you'll see this season. "Cabaret is one of the great Broadway musicals and musical scores of all time—an exhilarating, harrowing masterpiece." –Time Out New York*

**How To Reserve Your Seat: \$145. pp**

1. \$75. pp (non refundable) Deposit due Wednesday, May 1, 2024. Final balance due on or before Wednesday, June 5th, 2024 - checks payable to BONITA TRAVELS + Completed and signed: (link) [Trip Registration/Consent & Release form](#) required per person.
2. Mail reservations to: *Brooke Moran, 8535 Albury Walk Ln, Charlotte, NC 28277* or leave with the St Matthew Receptionist in an envelope addressed to "Brooke Moran, Cabaret Trip"

**DEADLINE: WEDNESDAY, JUNE 5, 2023 OR WHEN THE BUS FILLS, WHICHEVER IS FIRST.**

Questions/Information? Contact: Brooke Moran @ [mbrookem43@gmail.com](mailto:mbrookem43@gmail.com)  
or call 980-939-1722 or 267-981-8888 Reservations complete upon receipt of payment.

*Management reserves the right to cancel with less than 40 reservations*

**Trip is non-refundable but transferable to another person.**

**\*A COMPLETED and signed Consent & Release Form is required for each traveler.**



Agency Group Tour Coordinator: Elisa Gaines  
(Email) [elisa@bonitatravels.com](mailto:elisa@bonitatravels.com) (Cell) 704-819-6555

# TRIP REGISTRATION - CONSENT AND RELEASE FORM

DATE OF EVENT: \_\_\_\_\_ EVENT NAME: \_\_\_\_\_

*By reading and completing details contained within, I attest to the fact that all information provided below is true and accurate.  
My signature at the bottom of this form attests to these facts. PLEASE PRINT CLEARLY*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Primary Residence: \_\_\_\_\_

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

Phone(s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

***(non-traveling) Emergency Contact Name: / Relation:***

\_\_\_\_\_/\_\_\_\_\_

Phone(s): \_\_\_\_\_

***Health and medical information for traveler:(include food allergies & mobility needs)***

- Consent and Release -

I, \_\_\_\_\_ will be a participant in the referenced trip conducted by BONITA TRAVELS (BT). I agree, on behalf of myself, my heirs, executors, administrators and assigns not to make any claims or demands of any kind whatsoever against BT. I agree not to hold BT responsible for any loss or injury I may sustain while engaged in any day or extended trips including transportation, departure sites and sites visited to/from destination.

I understand that neither St. Matthew Seniors That Are Retired (STARS), St. Matthew Catholic Church, nor the Roman Catholic Diocese of Charlotte or Bishop Peter Jugis is affiliated, responsible, liable or endorses in any way the actions or results pertaining to any aspect of this trip prior to, during or following the trip. I will not hold them responsible for any loss or injury occurring within the parking lot or any area of the property.

I authorize calls to 911 for medical attention as deemed necessary by BT or their designee to designate such physician or medical staff to carry out any medical/surgical treatment and/or medication necessary, or to take me to the nearest emergency facility, if I have an emergency medical situation. I further authorize EMT or hospital medical staff to provide any treatment deemed necessary for my well-being and health and understand my emergency contact and/or family member is being notified during the situation. I understand and agree that I will be responsible for the payment of any and all medical services rendered.

I understand and agree that no refunds can be issued prior to or during the trip if I am unable to complete the trip. I can, however, find a replacement to take my place. I also understand and agree that each trip has a minimum quota of registered participants necessary before the trip can take place. In the event this minimum quota of registered trip participants is not reached by the deadline, the trip will be canceled and full refunds will be made to all registrants.

I agree any photographs with me or my image may be taken and posted/published only with the intention of sharing for positive and educational reasons to promote healthy fun and lifestyle for active retirees and empty nesters.

**I agree that the information contained within this Consent and Release form is true and valid. I understand it is my responsibility to alert Trip Leader(s) and BT, in writing, of any updates or changes in medical, emergency contact and/or any information contained herein which may occur while engaged on this trip.**

Signature of \_\_\_\_\_  
Participant: \_\_\_\_\_ Date: \_\_\_\_\_

