

OPC PRESENTS...

Zehnder's of Frankenmuth –

# Night Fever

## A Tribute to The Bee Gees

**Tour Date: February 19, 2025 (Wednesday)**

**Pick Up: OPC - 650 Letica Drive, Rochester, MI 48307**

**Departure Time: 10:00am**

**Approx. Return: 5:30pm**

*\*Please arrive to pick up location 30 minutes prior to departure time*

**YOUR RYBICKI ADVENTURE INCLUDES:**

**TRANSPORTATION-** Roundtrip via modern motorcoach. Reclining seats, restroom equipped for your comfort.

**LUNCH-** Zehnder's Chicken Luncheon in their beautiful main dining room.

**NIGHT FEVER: A TRIBUTE TO THE BEE GEES-** Night Fever is the world's number one production of the Bee Gees. This all Canadian cast from Toronto, Ontario, will take you back in time to one of the greatest bands in pop history. Sit back and enjoy the greatest tribute to the Bee Gees, NIGHT FEVER!

**SHOPPING TIME-** Enjoy some free time on **Main Street of downtown Frankenmuth** for shopping + exploring.

**TOUR MANAGER** – Professional from Rybicki Tours

*\*Driver and Tour Manager gratuity is included.*

<p><b>TOUR PRICE:</b></p> <p><b>\$130pp</b> <b>Member</b></p> <p><b>\$140pp</b> <b>Non-Member</b></p>	<p><b>For Availability Contact:</b></p> <p>O.P.C Leisure Travel Dept.</p> <p><b>Diane MacMahon</b> <b>248-659-1030</b></p>	  <p>248-735-0558 info@rybickitours.com www.rybickitours.com</p>	<p>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.</p>
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**\*REGISTRATION DEADLINE- JANUARY 3** (unless tour reaches capacity beforehand).

**\*OPC Refund Policy-** No refunds after registration deadline date - January 3

To secure a reservation, please fill out & attach a check made payable to **OPC**. Pay in person at **OPC - 650 Letica Drive, Rochester, MI 48307** or call **248-659-1029** - credit cards are accepted.

**Tour: Zehnder's Night Fever**

**Date: February 19, 2025**

**Group: OPC**

Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mobility/Dietary Restrictions, if any \_\_\_\_\_