

Day Trips 2026 sponsored by St. Mary's County Public School Retirees

#126-May 20 - Riverside Dinner Theatre. "Guys and Dolls" This is a Wednesday matinee with a plated lunch. Cost is \$140. If paying by installments, first \$70 is due by 4/1/26 to hold your spot. Final is due by 5/1/26. This is an oddball romantic comedy celebrated for its humor and storytelling. Travel from a mythical heart of Times Square to the cafes of Havana, Cuba, and even into the sewers of New York City. Featuring iconic songs like "Luck Be a Lady" and "Sit Down, You're Rockin' the Boat".



#226-Dec 2 - Toby's Dinner Theatre in Columbia, MD to see Irving Berlin's "White Christmas"

Cost is \$135. This is a Wednesday matinee buffet lunch and show. Money is due by 6/10/2026. If paying installments, first \$67 is due 2/10/2026 to hold your spot. Final \$68 is due 11/1/2026. Two WWII veterans with a successful song-and-dance act follow a duo of beautiful singing sisters to their Christmas show at a rural Vermont lodge which happens to be owned by their old commander. They plan a yuletide fun-filled extravaganza to help fill the inn! Featuring 17 Irving Berlin tunes such as: "Blue Skies," "How Deep is the Ocean" and "White Christmas"



Watch your email for specific instructions about each trip after you register, especially close to trip start.

Bus stop: Hollywood Fire Department parking lot by the carnival area. (NOT in commuter area). We will notify you via email, if changed.

Register below or on-line faster, easier: <https://smcpsra.wixsite.com/smcprsa/day-trip> Or, click [HERE](#) to register online

POC: Lonna Siskind smcpsra@gmail.com; or 301-862-1315. Or Ernestine Pence at 301-373-5909

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TRIP RESERVATION FORM:

(Write trip name or number in memo on check please) You can also register online with check to follow in mail. Mail paper form and check to Ernestine Pence, 42539 Henry Ct; Hollywood, MD 20636. Or mail to Lonna: Siskind, 23314 Holly Hill Ln; California, MD 20619. Instructions on line after registering.

Trip Name/No: _____ Your Name #1 _____

Email: _____ Cell phone # on trip _____

Special needs? _____

Seat Buddy for theatre? _____

Name #2 _____ Special needs? _____

Phone #2: _____ Email: _____
If different from #1

_____ X \$ _____ ea. = \$ _____ (amount enclosed) Due at time of registration. **(non-refundable unless space is filled. Make check payable to "SMCPSRA". Add theater name in memo line.**

Emergency Contact during trip (name & phone):