

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/smcpsra/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



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): _____