

Sparks Travel Club proudly presents:



CIRQUE LE NOIR - THE DARK SIDE OF CIRQUE

THURSDAY, AUGUST 17, 2017

The producers of the Broadway smash hit "The Illusionists" are bringing a multimillion dollar Cirque extravaganza to the Eldorado this summer with Cirque Le Noir, a truly unique and electrifying experience featuring the world's greatest cirque acts, aerialists and athletes. A once-in-a-lifetime experience has been created by putting the audience on the stage and in the center of the action, with heart-pounding acts only inches away. This 360-degree, all-encompassing and cutting edge production will open with new, daring performances in the newly-revamped Eldorado Theatre. Cast members include former stars of Cirque Du Soleil who have performed all around the world including Sydney, London and NYC.

Tour Package includes VIP seating in the newly designed Eldorado Showroom for an evening performance of Cirque Le Noir. Dinner is included at the Chef's Buffet. All taxes & gratuities.

Tour Cost:
\$51.00 Per Person, Member Price

For More Information or to Book Your Space Contact
Frontier Travel & Tours
(775) 882-2100

**“Cirque Le Noir”
Thursday, August 17, 2017**

5:00pm Meet in front of the Chef’s Buffet, Mezzanine Level at the Eldorado, with Frontier Travel & Tours staff to pick up your buffet & theatre ticket.

**LIMITED SEATS AVAILABLE – First Come, First Served
Full payment is required to hold your space.
Cancellation refunds made only if your space is resold.**



Response Coupon Sparks Travel Club Tour #6016

Tour Name: Cirque Le Noir
Group Name: Sparks Travel Club
Date: Thursday, August 17, 2017
Full Payment due upon sign up \$51 per person

Make Checks Payable to:
Frontier Travel & Tours
Mail to: PO Box 22300
Carson City, NV 89721

Enclosed please find a check in the amount of \$ _____ for _____ persons

Name(s) _____
Address: _____ City _____ St _____ Zip _____

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU WISH TO PAY BY CREDIT CARD:

I would like to charge this tour to my: _____ Visa _____ MasterCard _____ Discover
Name as it Appears on Credit Card: _____
Last 4 digits of your credit card _____ CID# _____ Exp date _____

I herewith authorize the Issuer of my credit card to provide full payment In Advance for the services I have contracted to receive. I also agree to perform the obligations set forth in the Cardholders agreement with the Issuer.

Signature _____ Date: _____