

Sparks Travel Club proudly presents:



FROM THE CREATORS OF LE NOIR

CIRQUE PARIS - The Passionate Side of Cirque

WEDNESDAY, JULY 18, 2018

Eldorado Resort Casino has partnered with the producers of the Broadway smash hit "The Illusionists" to bring the latest mind-boggling, intimate cirque experience, "Cirque Paris."

Featuring an award-winning acrobatic cast including many former stars of Cirque Du Soleil, and set around a custom, fully functioning speakeasy-style bar, "Cirque Paris" is an astounding and spell-binding once-in-a-lifetime spectacular. With the most beautiful, dangerous and unique acts from all four corners of the globe, and accompanied by mesmerizing musicians, sensational dancers and a magical comedy host, "Cirque Paris" transports the audience to the cabaret nightclubs of France.

Tour Package includes VIP seating in the newly designed Eldorado Showroom for an evening performance of Cirque Paris. 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 Paris”
Wednesday, July 18th, 2018**

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 #6092

Tour Name: Cirque Paris
Group Name: Sparks Travel Club
Date: Wednesday, July 18th, 2018
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: _____