



Lisbon United Methodist Church

Sight & Sound Bus Trip



Would you like to travel back to Old Testament times and hear about the story of Israelite leader, Joshua? If so, we would welcome you to join an exciting ministry sponsored by Lisbon United Methodist Church to travel by Rills Bus Service to Sight & Sound in Lancaster, PA to experience music, live animals and a panoramic stage as the people of Israel “navigate new-found freedom, face overwhelming challenges, and trust in God’s mighty plan.” After the show, the bus will take our group to Hershey Farms restaurant for a delicious buffet lunch. The date for this exciting trip is Tuesday, June 2, 2026. <https://www.sight-sound.com/lancaster>

Itinerary

7:30 AM to 7:45 AM meet at LUMC. There will be plenty of parking and the church restrooms will be open.

8 AM Depart promptly for Sight and Sound 11 AM to 1:45 PM - Joshua at Sight & Sound Theatre

2 PM to 3:30 PM buffet lunch at Hershey Farms restaurant with time to peruse the gift shop.

3:30 PM – Depart for LUMC.

Cost

Cost per person is \$188.25, which includes bus, show tickets, buffet lunch, and driver gratuity.

Cash or checks (payable to LUMC). Please write Sight & Sound in the memo field of the check.

We need at least 40 people to make the trip happen. Please submit your money and the trip information sheet before 12 /1/2025. Checks or money can be dropped off at Lisbon United Methodist Church, 15875 Frederick Road, Lisbon, MD 21765. or mailed to P.O. Box 51 Lisbon, MD 21765.

Trip policy

Seats will be reserved when payment and the passenger information form is completed, signed, and handed in.

No refund 30 days prior to the trip.

If you must cancel an already paid trip, it is your responsibility to find a replacement. If you must cancel the travel coordinator will try to help if there is a waiting list.

The bus will leave promptly on the morning of June 2 at 7:55 AM

Additional Information

Any questions, please call or text Kathy Weddle (Trip Coordinator) - 301-788-0225 or kweddle2@gmail.com.

Let’s have a day to remember with friends, family, and neighbors!





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Passenger Information - Complete this form for each individual passenger and turn in with payment.

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Home Phone # _____

Email Address _____

Emergency Contacts (Other than trip companions)

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Other information that you would want someone to know if you were unable to communicate with medical or emergency personnel (e.g., allergies, medical implants, specific instructions)

Date





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Please turn in with registration form and payment. Thanks!!

Name of person(s) attending

Amount Paid \$_____

