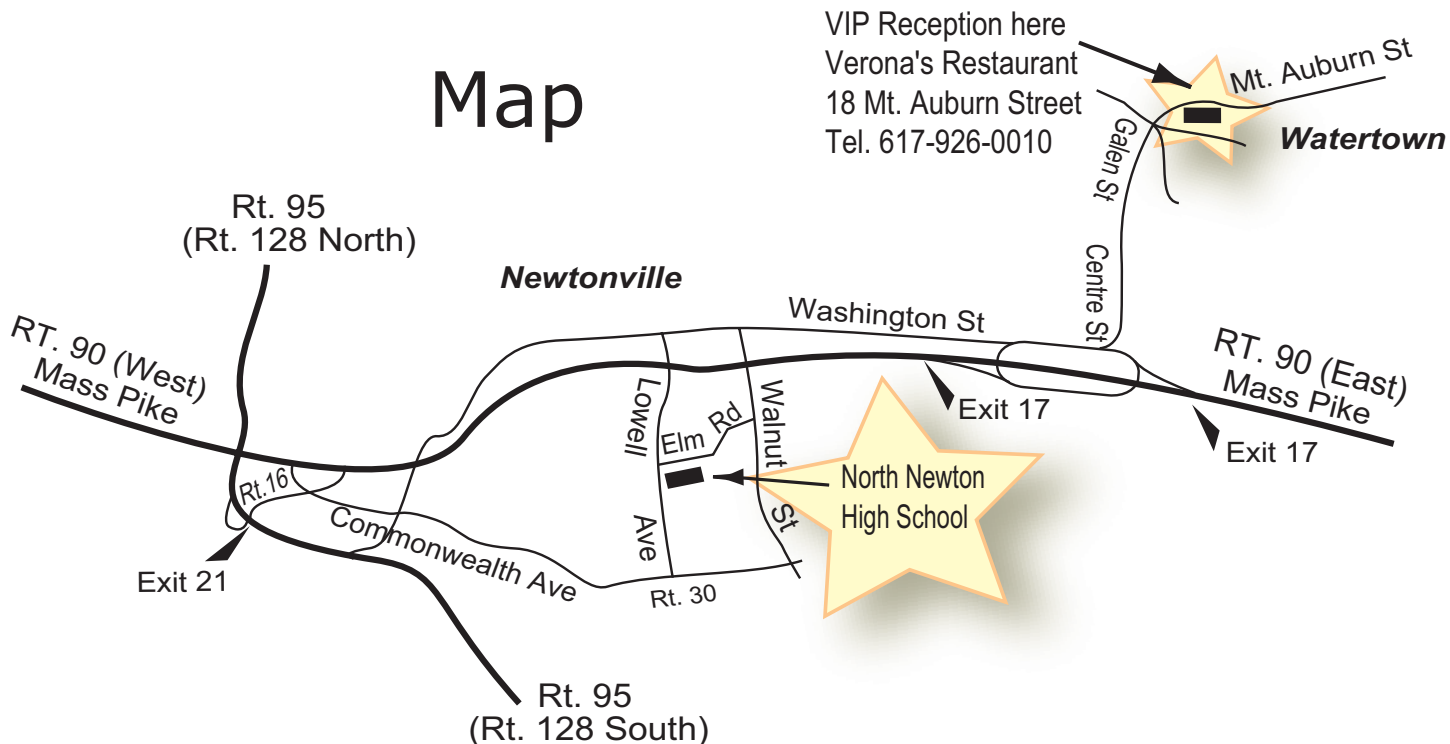


Map



Name(s): _____

Address: _____ State/Zip code: _____

Phone: TTY _____ Voice _____

Fax: _____

Email: _____

Pager: _____

VP: _____

Deaf-Blind Interpreter needed? Yes _____ No _____

Wheelchair seating Yes _____ No _____

I will bring a PCA or SSP (Attendee is responsible to provide)

Name of PCA or SSP _____

Large Print required? Yes _____ No _____

	How many tickets?	How many combos?
General Admission	\$25.00@ _____	\$40.00@ _____
Students with ID/Seniors (65+)	\$15.00@ _____	\$30.00@ _____
Children (under age of 13 years)	\$10.00@ _____	N/A
Groups of 10 or more	\$20.00@ _____	N/A

Make your payment to: **Massachusetts State Association of the Deaf**
 c/o Theatre in the Sky,
 220 Main Street, Malden, MA 02148
 (personal checks or money orders ONLY)

All proceeds from this show will be donated to National Association of the Deaf (NAD) & the World Federation of the Deaf (WFD). This is a tax deductible event.