

SIGN LANGUAGE SERVICES OF MICHIGAN, LLC

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Register@signlanguageservicesofmichigan.com

Keith Wann

Registration and Ticket purchase, mail to address above, fax, email or drop off.

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Please Circle One: Hearing HOH Deaf Deaf Blind Interpreter Student

No. of Tickets: 2pm Family Matinee: _____ Adults _____ Children
\$20.00 per Adult...\$10.00 per Child under 16....\$50.00 for a family of 4. Snacks provided/Cash beverages. Social time after the show. Group rates available, call or email with number of tickets.

No. of Tickets: 7pm PG13 Show: _____ Adults
\$25.00 per Adult...\$40.00 per Couple. Snacks provided/Cash bar. Social time after the show. Group rates available, call or email with number of tickets.

Total Amount Included: \$ _____

You may pay by check or money order made payable to Sign Language Services of Michigan, or pay by Credit Card. Please include payment with your registration.

CC# _____ Exp. Date: _____

Signed: _____

Seats may sell out. Seating first come first serve basis. Full refund of ticket price before February 1, 2007, partial refund until February 20, 2007, no refunds after February 20, 2007.