

Dinner Theater Trip Registration Form
Saturday April 5 3:00 matinee

Name(s) _____

Cell Phone _____

Email address _____

City or Town _____

Emergency Contact: Name and Phone

I can drive a carpool: Yes ____ No ____

I would like to join a carpool: Yes ____ No ____

LLAIC Member: Yes ____ No ____

Tickets for this performance are for **LLAIC members only**.

Payment Information: Please mail completed registration form and check for \$20. per person, made out to:

Andrea Teacher
220 School Street, #11
Waltham MA 02451

NOTE: Your check must be received by **March 28**. No refunds will be issued after that date.

Information regarding dinner (or lunch) will be available closer to the date.