

Dinner Theater Registration Form
Sunday May 4 2:00 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 ____

Payment Information: Please mail completed registration form and check for \$25. per person, made out to:

Andrea Teacher
220 School Street, #11
Waltham MA 02451

If you would prefer to pay using Venmo, send your \$25 per person to @Shelly-Levine-2 and mail or email your registration form to Andrea (dreaajkk@gmail.com).

NOTE: Your payment must be received by **April 25**. No refunds will be issued after that date.

Information regarding dinner will be available closer to the date.