

Georgia Association for the Deaf-Blind Easter Party

-----Purchase tickets-----
DEADLINE MARCH 24, 2010

Please fill out the form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ TTY/Voice/VP

Email Address: _____

Please list name who will come with you:

1. _____

2. _____

How Many:

Deaf-Blind individual with SSP: _____ X \$15.00 = Tickets Total:
\$ _____

Support Service Provider: X \$5.00 = Tickets Total:

\$ __

Adult: _____ X \$10.00 = Tickets Total: \$ _____

Couple: _____ X \$20.00 = Tickets Total: \$ _____

Please Pay Amount: \$ _____

Please make check or money payable to: GADB

Send mail: Lucy Parker, 2001 Wendover Dr., Snellville, GA 30087

THANK YOU SO MUCH!!!