

*Sight and Sound Theaters Presents*



Lancaster, PA

**WHEN:** Saturday, October 9, 2010

**TIME:** Be at Evangel Church at 8:30 am  
Bus leaves at 9:00 am (on time) from Evangel Church  
1251 Terrill Road, Scotch Plains, NJ 07076

**COST:** Adult (19 years +): \$104  
Teen (13-18 years): \$77  
Child (3-12 years): \$55

**SHOW at Sight & Sound Theater: 1:00 pm**  
(Play will be interpreted in ASL)

**MEAL at Shady Maple Buffet: 5:00 pm**



Price includes bus ride, restaurant and show ticket.

**Registration Deadline – Friday, September 10, 2010**

**QUESTIONS?** Contact Pastor Nancy Tonnessen at  
[pastornancy@evangelchurch.com](mailto:pastornancy@evangelchurch.com) or by phone at  
908-322-9300 ext 11 voice 908-312-4343 VP

## Registration Form

\_\_\_\_ Yes! I am interested in attending the play, "Joseph"  
Enclosed is registration form with check or money order payable to  
Evangel Church.  
**Deadline September 10, 2010**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (VP / TTY / V)

How many Adult ( 19 yrs + ): \_\_\_\_\_ X \$104.00 = \_\_\_\_\_

How many Teen (13 – 18 yrs) : \_\_\_\_\_ X \$77.00 = \_\_\_\_\_

How many Children (3-12 yrs): \_\_\_\_\_ X \$55.00 = \_\_\_\_\_

Total Amount Enclosed \_\_\_\_\_

The name list below is required (more on back if needed).  
Please list (print) full name of EACH person attending and ages of Children/Teens.

Name	Age (Children/Teen)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please make check or money order payable to Evangel Church  
Please write "Joseph" in Memo area of your check.  
Mail registration form with payment to:  
**Evangel Church Deaf Ministries, 1251 Terrill Road, Scotch Plains, NJ 07076**  
**Attn: Pastor Nancy Tonnessen**