

FRIENDS of YOH

Name : _____

Telephone: _____

Mailing Address: _____

Email: _____

Date: _____

Amount Enclosed: \$ _____

Print your name as it should appear in program:

To be listed in the program, fill out the section below and return it with a check made payable to YOH THEATRE PLAYERS by September _____, 2009.

Mail form and check to:

Harriet Worrell

Woodstock Union High

496-1 Woodstock Road

Woodstock, VT, 05091.

& send photos