

**Kiwanis Pediatric Lyme Disease Foundation  
A Night at the Theatre  
Friday, July 25, 2014  
Ticket Reservation Form**

Name of Requestor: \_\_\_\_\_

Number of Tickets: \_\_\_\_\_

Kiwanis Club Affiliation/Division (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Home or Other Address (for tickets to be directed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The cost per ticket is \$25. Please arrive by 7:30 p.m. since we are a large group. Show starts at 8 p.m. Please RSVP by July 13<sup>th</sup> if you are able to attend. For early RSVPs, we will mail tickets directly to your attention. For late responders, tickets will be provided the evening of the performance.**

**Please direct this completed form with your enclosed check made payable to “NY District Kiwanis Pediatric Lyme Disease Foundation” to the attention of:**

Jeanne M. Egan  
Lieutenant Governor-Elect, Long Island North Division  
Event Organizer  
30 Pearsall Ave  
Unit 3D  
Glen Cove, NY 11542

If you have any questions, please feel free to contact Jeanne at [post2004@att.net](mailto:post2004@att.net) or 516-353-8325. If you are interested in sitting next to someone during the performance who will be mailing their request in separately, please let us know and we will try to accommodate your request.