

**Please send me tickets as indicated for  
 St. John's Revival and Music Revue  
 Wednesday, October 14, 2009  
 At James Street Mennonite Church**

	Number of Tickets		Price per Ticket	Total Cost
Adults	_____	x	\$15	_____
Age 18 or under	_____	x	\$10	_____

Enclosed is my check for ..... \_\_\_\_\_

**Please mail my tickets to:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_

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*Mail this form and your check to be received by October 10 to:*

**Blossom Hill Mennonite Church  
 333 Delp Road  
 Lancaster, PA 17601**

*Thank you for your support!*