



ADVANCED TICKETS
\$30

[Complete this form on line or print copy and enter the information](#)

NAME _____

STREET _____

CITY, STATE, ZIP _____

NUMBER OF TICKETS _____

AMOUNT ENCLOSED _____

HANDICAP SEATING _____

Checks made payable to: **GMEF**

Mail the ticket form and payment with a self-addressed, stamped envelope to:

TICKETS - THE GMEF
PO Box 383
Turners Falls, MA 01376