

*Manchester Musical Players, Inc.*

*Presents*

# *THE SECRET GARDEN*

Name \_\_\_\_\_ Category \_\_\_\_\_  
(As you would like it to appear in the Program)

Address \_\_\_\_\_

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

Amount Enclosed \_\_\_\_\_ Phone \_\_\_\_\_

Date of performance you wish to attend \_\_\_\_\_

April 9, 10, 16, 17 – 8:00 pm Curtain  
April 11 and 18 – 2:00 pm Curtain

*Please return by March 13, 2010*

**Please send you check (payable *Manchester Musical Players*)  
with this completed form to:**

**Manchester Musical Players  
c/o Marge Kelly  
53 Indian Trail  
Vernon, CT 06066**