



# HANDS ON GENERAL ORDER FORM

TO ORDER TICKETS BY MAIL TO ANY HANDS ON INTERPRETED PERFORMANCE, PLEASE FILL OUT THIS FORM COMPLETELY. INCLUDE THE NAME OF THE SHOW, THE DATE, AND ALL OTHER INFORMATION REQUESTED, THEN MAIL/FAX/EMAIL TO:

Hands On, Inc.  
159-00 Riverside Drive West  
Suite 7F  
New York, NY 10032

Information: (212) 740-3087 V  
(212) 740-4157 Fax

E-Mail: Info@HandsOn.org  
Web Site: HandsOn.org

Save time and order tickets online at [Handson.org](http://Handson.org)  
All online orders are safe and secure

You will be sent a confirmation email to confirm your reservation.

Please fill out all the information below.

Name: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Eve) \_\_\_\_\_

\_\_\_\_\_ EMail: \_\_\_\_\_

Theater \_\_\_\_\_ Show \_\_\_\_\_

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

# of Tickets/Subscriptions (Deaf) \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Ticket Price Total

# of Tickets/Subscriptions (hearing) \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Ticket Price Total

# of Deaf people in your group \_\_\_\_\_ TOTAL # OF TICKETS \_\_\_\_\_

Enclosed is my check for \_\_\_\_\_ payable to Hands On

To pay by credit card, fill out the information below.

Please charge my  Visa  Mastercard  AMEX  Discover

Card # \_\_\_\_\_ exp. \_\_\_\_\_

Security code #  \_\_\_\_\_

Signature \_\_\_\_\_

A \$2.50 service charge per ticket will be added to each credit card order

I would like to make a Tax deductible contribution and support Hands On  
\$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_