

Thompson and Pomfret Recreation present a trip to see:

KINKY BOOTS



Winner of six Tony Awards® including best musical! It's an inspirational story following a struggling shoe factory owner who works to turn his business around with help from Lola, a fabulous entertainer in need of some sturdy stilettos. Together, this unlikely pair finds that they have more in common than they ever dreamed possible... proving that when you change your mind about someone, you can change your whole world.

Sunday, June 14, 2015 ~ 1:00 p.m. matinee

Providence Performing Arts Center, Providence, RI

\$87 per person

10:00 am coach bus departure from Thompson Middle School,
785 Riverside Dr., North Grosvenordale, CT

11:00 a.m. drop off at Providence Place Mall for dining & shopping

12:15 p.m. Pick-up from Providence Place for drive to PPAC

Immediately after show bus departs PPAC; arrive home approximately 5:00 p.m.

Register and pay on-line at www.thompsonrec.org or pay in person or by check:

TRC
P O Box 899
No Grosvenordale, CT 06255
860-923-9440

Pomfret Recreation Dept.
5 Haven Road
Pomfret Center, CT 06259
860-974-1423



Registration: Kinky Boots June 14, 2015

Name _____ Date of Birth (mandatory) _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Street Address _____ Town _____ St _____ Zip _____

Mailing Address (if different from home address) _____

Emergency Contact _____ their phone # _____

Names of those attending (with payment enclosed for them with this registration)

I, the undersigned, agree to assume all responsibility for all risk or damage that may occur to me as a participant and my guests in this program. I, hereby, for myself, my heirs, executors and administrators, release and discharge Thompson & Pomfret Recreation and the Town of Thompson, Town of Pomfret, and all persons associated with said program from all claims, damages, rights of action, present or future, resulting from or arising out of or incident to my or my guests' participation in this program. I give permission to receive emergency medical care. I understand there is a \$20 fee for checks returned by the bank. I understand that there are no refunds within 30 days of the trip unless we can sell your seat.

Payment for _____ people \$ _____ is enclosed. Cash _____ Check No. _____