## CANDY GRAMS

## Send a sweet treat to a member of the cast or crew!

1 for \$3 OR 2 for \$5

☐ Please complete the tear off portion below with all requested info

Return to school with cash payment, in a sealed envelope to: ATTN: Mr. DeLuca
OR
☐ Bring your completed slips & payment to any performance (limited amount available for purchase!)
WANTE STATE OF THE
SEUSSIGNIR
To (Cast/Crew Member's First and Last Name):
From:
Message:
SEUSSIGNER
To (Cast/Crew Member's First and Last Name):
From:
Message:
· <del></del>