

APPENDIX A
(SAMPLE COPY)

_____ **National Association of the Deaf**
(**Address**)
(**City, Province/Country**)

(Day, Month, Year)

_____, Chair
The World Deaf Magicians Festival Organizing Committee
(Address)
(City, Province/Country)

Dear Sir/Madam,

This letter is to confirm that the following list of deaf individuals is the best qualified magicians of our (country) to participate in the World Deaf Magicians Festival in your (city, country) on (date):

Joseph Nelson
Bob Smith
Kenneth Green
Paul Jones
Maria L. Milady
Sheila Berrenson

Mr. Joseph Nelson is the leader/magician of the deaf magicians representing our (country) and the _____ National Association of the Deaf at your upcoming Festival.

Best wishes for a successful festival.

Sincerely yours,

_____, President
_____ National Association of the Deaf