

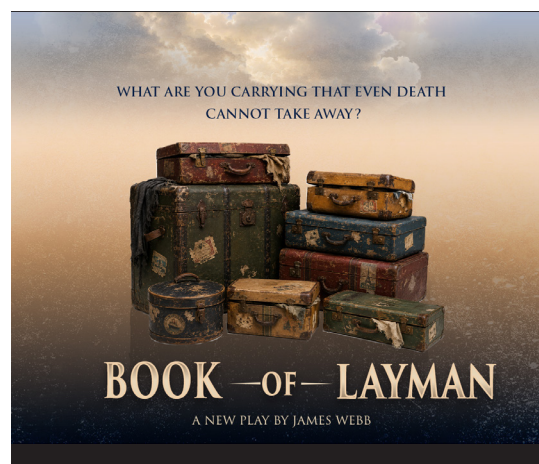


FLORIDA A&M UNIVERSITY
**ESSENTIAL
THEATRE**

MORNING MATINEE SERIES

BOOK OF LAYMAN

Written and Directed by
James Webbs



Book of Layman is a haunting work of magical realism that unfolds in a mysterious realm between heaven and earth, where the dead discover that death does not free them from the burdens they carried in life. As old wounds, family secrets, and impossible choices resurface, one soul must confront the difference between surviving, suffering, and truly finding peace. Rich with Southern storytelling, humor, and heart, James Webb's new play explores what it takes to forgive, to be forgiven, and to finally let go.

Date & Time: Thursday, October 15, 2026 @ 10 a.m.

Running Time: 2 hours with an intermission.

Advisory: Contains mature language and subject matter.

Suggested Audience: Mature High School Students or 13+

Admission: \$5 per student, \$7 per adult (for every 25 persons, 2 chaperones are admitted free)

RSVP and Final Count Deadline: Tuesday, October 6, 2026

To reserve tickets for your school group, complete and submit the reservation form below. For more information, call 850.561.2840 or email Kimberly.harding@fam.u.edu



Name of Production: _____

Date & Time of Performance: _____

Name of Organization: _____

Name of Contact: _____ Email: _____

Work Phone _____ Mobile Phone _____

Mailing Address: _____

City State Zip

Number of Children Attending (ages 3 – 18) _____ x \$6.00 = _____

Number of Adults Attending: _____ x \$8.00 = _____

_____ x \$0.00 = _____

Note: Two (2) Chaperones per every twenty-five (25) persons will be admitted free.

Total amount due: \$ _____ Note: 30% of the total is due to hold reservation.

Method of payment: _____ cash _____ check # _____

_____ credit card last for digits: _____ money order # _____

Make Checks payable to: FAMU Essential Theatre

FOR MORE INFORMATION CALL THE BOX OFFICE (850) 561-2425 or Fax 561-2846

FOR BOX OFFICE USE ONLY

Amount Deposit Received \$ _____ Date Received ____/____/____ Method: _____

Balance Due: \$ _____

Balance Paid \$ _____ Date Balance Received ____/____/____ Method: _____

Tickets were picked up by _____ Signature: _____

Date: _____ Tickets are held at box office



MORNING MATINEE QUESTIONNAIRE

Name of Production _____ Date & Time _____

Organization _____

Contact Name _____ Contact Cell Number _____

To help us to better serve you, please answer All questions.

ADA Information

Please list any accessibility needs for EACH field trip requested (wheelchair accommodations, walker accommodations, hearing, visual, mobility, sensory, etc.)

If there are no accommodations required, please enter N/A.

Transportation Information

How will you arrive at the venue? (Please indicate all forms of transportation.)

I plan to arrive in _____ number of buses?

I plan to arrive in _____ number of vans?

I plan to arrive in _____ number of cars?

Other: (Please specify)

Will your vehicles require onsite parking? ☐ Yes ☐ No

-THANK YOU-