

Complete and Mail To:

Lake City Community Theatre

PO Box 726

Lake City, SC 29560-0726

I would like to participate in the Lake City Community Theatre in the following way:

_____ Producer	26 tickets & listing in program	\$5,500.00
_____ Orchestra Sponsor	20 tickets & listing in program	\$3,500.00
_____ Sets/Costumes Sponsor	16 tickets & listing in program	\$1,500.00
_____ Underwriter	14 tickets & listing in program	\$1,000.00
_____ Distinguished Benefactor	10 tickets & listing in program	\$ 500.00
_____ Business Partner	8 tickets & listing in program	\$ 400.00
_____ Patron	4 tickets & listing in program	\$ 200.00
_____ Sponsor	2 tickets & listing in program	\$ 100.00

Thank You For Supporting The Arts!

lakecitycommunitytheatre.org

LISTING FOR PROGRAM: STATE AS YOU WISH TO APPEAR IN PROGRAM

Listing Name: _____ *Phone #* _____ *Fax #* _____

Address _____ *Email* _____

Person to Contact: _____

I wish to reserve seats: # ____ Thursday night, # ____ Friday night, # ____ Saturday night, # ____ Sunday Matinee

For ticket information contact: Reveley Thomy - (843) 687-2964

****PLEASE RETURN ASAP to assure program listing to: Lake City Community Theatre, PO Box 726, Lake City, SC 29560-0726**

******SPECIAL NEEDS - PLEASE ADVISE******