

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	25 tickets & listing in program	\$5,500.00
_____ Orchestra Sponsor	15 tickets & listing in program	\$3,500.00
_____ Sets/Costumes Sponsor	12 tickets & listing in program	\$1,500.00
_____ Underwriter	10 tickets & listing in program	\$1,000.00
_____ Distinguished Benefactor	8 tickets & listing in program	\$ 500.00
_____ Business Partner	6 tickets & listing in program	\$ 400.00
_____ Patron	4 tickets & listing in program	\$ 250.00
_____ Sponsor	2 tickets & listing in program	\$ 150.00

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: ReveleyThomy - (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****