

Lebanon Community Theatre  
Season Ticket Order Form

Cut on dotted line and mail order form along with your payment in the form of a check or money order to:  
LCT  
P.O. Box 592  
Lebanon, PA 17042

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Season Ticket Order Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of tickets ordered \_\_\_\_\_  
X \$80.00 each

Total amount enclosed: \_\_\_\_\_

If I do not want my name printed in the LCT program, I  
will check here \_\_\_\_\_

Thank you for your support!