



POST OFFICE BOX 6634, TORRANCE, CALIFORNIA 90504

Please use this form to request (one or more sets of four) SEASON TICKETS by check or credit card at the above address, to become a Contributor or Advertiser, or to obtain AUDITION information.

Please Print

Name

Address

City, State, Zip Code

Telephone - cell

Telephone - home / work

Email

SEASON TICKETS

- Please send me ____ sets of season tickets for the four LCMC 2015-16 concert season @ \$80 per set. (Individual tickets are \$25 at Box Office)

LCMC ASSOCIATION

I would like to become a contributor to LCMC at this level:

- Sustaining Member: \$400
- Sponsor: \$200
- Patron: \$100
- You may list me as a Contributor in concert programs
- Do not list me as a Contributor in concert programs

PAYMENT TO LCMC

Fill out contact information when paying by either check or credit card. For credit card payments, please give us your email address so that we may invoice you electronically.

- Check enclosed payable to LCMC
- Invoice me so that I may pay by credit card - I have filled out the form and added my email address

AUDITIONS: Contact Lorraine 310.377.4978

- I am interested in auditioning. Please send me information. Voice Part (SATB) _____