

**Mail this form to:**

LCTA Ticket Sales  
315 Northampton Street  
Kingston, PA 18704

**A Instructions**

Please use **blue or black ink** and **print in capital letters**. Complete the entire form.

For each ticket type, please indicate how many you would like to purchase in the "Quantity" box.

If you do not wish to purchase a particular pass, please leave the box empty or write the number zero.

For each ticket type, multiply the number of tickets requested in the "Quantity" box by that ticket's "Cost."

**B Shipping Address**

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Last Name            | First Name           | MI                   | Suffix               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Address              | Apt/Suite #          |
| <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City                 | State                | ZIP Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                        |
|----------------------|------------------------|
| Phone Number         | Alternate Phone Number |
| <input type="text"/> | <input type="text"/>   |

**C Passes**

| Pass Type   | Quantity             |   | Cost                                      |   | Total                   |
|-------------|----------------------|---|---|---|-------------------------|
| SINGLE FARE | <input type="text"/> | x | \$ <input type="text" value="1 . 7 5"/>   | = | \$ <input type="text"/> |
| DAY PASS    | <input type="text"/> | x | \$ <input type="text" value="4 . 0 0"/>   | = | \$ <input type="text"/> |
| 10-RIDE     | <input type="text"/> | x | \$ <input type="text" value="1 5 . 7 5"/> | = | \$ <input type="text"/> |
| 20-RIDE     | <input type="text"/> | x | \$ <input type="text" value="3 0 . 0 0"/> | = | \$ <input type="text"/> |
| 31-DAY      | <input type="text"/> | x | \$ <input type="text" value="6 0 . 0 0"/> | = | \$ <input type="text"/> |

|                             |                         |
|-----------------------------|-------------------------|
| Check or Money Order Number | Total Amount            |
| <input type="text"/>        | \$ <input type="text"/> |

Make your check or money order payable to "LCTA".