

Defective Ticket Form

Name of salesman: _____ Rt. #: _____

Date: _____ Cust. Six digit #: _____

Name of organization: _____

Name of hall: _____

LBC 6 DIGIT CUSTOMER # _____

Signature of hall official: _____

Form #: _____ Amount of credit: \$ _____

Name of ticket: _____

Serial #: _____

Reason for return: _____

THE CHARITY REQUESTING REIMBURSEMENT WILL HAVE TO SUBMIT **ALL** SIGNIFICANT INSTANT WINNERS FROM THE GAME AS WELL, NOT SIMPLY ONE TICKET THAT WAS MIXED. (\$1 PLAYBACKS NOT ESSENTIAL BUT HELPFUL!) THE MORE SIGN-UPS, THE BETTER. **THE SEAL CARD WITH SERIAL # MUST ALSO BE TURNED IN.** IF MULTIPLE WINNERS WERE PAID ON THE SEAL, **NAMES AND ADDRESSES OF ALL WINNERS MUST BE PROVIDED. ALL WINNING SEAL TICKETS MUST BE SIGNED BY WINNER WITH PHONE NUMBER.**

IN ORDER TO APPLY FOR CREDIT, ALL WINNING SEAL TICKETS MUST BE SIGNED BY WINNER WITH PHONE NUMBER.

NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ SS # ____ / ____ / ____

NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ SS # ____ / ____ / ____