



2009 Six Flags Group Order Form (15+)

Day and Date of Trip: _____
 Group/School Name: _____
 Your Name: _____ Title: _____
 Shipping Address (Sorry, no P.O. Boxes): _____
 City: _____ State: _____ Zip: _____
 Phone (land line): _____ Phone (mobile): _____
 Email: _____ Fax: _____

Ticket Type	Main Gate Price		Your Group Rate	Tickets	Total \$
Theme Park Tickets (Valid Any Operating Day On or Prior to October 18, 2009)					
Theme Park With FREE Wild Safari	\$53.49 (\$49.99+\$3.50 tax)	Save \$26.74 per ticket!!!	\$26.75 (\$25.00 + \$1.75 tax)	#	\$

Complimentary Tickets (1 ticket issued for every 10 purchased, as specified on the line above.)					
Theme Park With FREE Wild Safari	\$53.49 (\$49.99+\$3.50 tax)	Save \$53.49 per ticket	FREE	#	\$0.00

Meal Deal (Valid Any Operating Day)	Not available at Main Gate	Great Meal, Great Deal!	\$10.44 (Includes %7 tax)	#	\$
Daily Parking Fee (Valid Any Operating Day)	Get in <i>fast</i> by paying in advance! <small>ALL CARS/SUVs will be charged a \$15.00 parking fee on site. All BUSES will be charged \$25.00 parking fee on site.</small>		\$15.00 Per Vehicle or Bus (\$14.02+\$0.98tax)	#	\$
Processing Fee	1 per order form. Your order will not be accepted if processing fee is omitted.			1	\$9.00
Minimum order is 15 paid tickets				TOTAL	\$
<i>Please call Six Flags Great Adventure if you have any questions 732-928-2000 ext. 2845</i>					

Orders received within 14 days of your trip will not be shipped. Children 2 years and under are FREE. ONLY NJ Public Schools paying with a school check or purchase order are exempt for NJ State Sales Tax. Private Schools and Schools from other states must pay NJ State sales tax unless a copy of a NJST-5 form accompanies this order. Tickets are non-refundable. All Sales are final. Wild Safari is not open Friday nights during Fright Fest.

<p>Method of Payment:</p> <p>Mail Check or Money Order Payable to:</p> <p>SIX FLAGS GREAT ADVENTURE PO Box 120, Route 537 Jackson, NJ 08527- 0120 Attn: Advance Ticket Sales</p> <p>Check # _____ Check Amount \$ _____</p>	<p>Fax Your Credit Card Order To: 732-928-7724</p> <p>Amount: \$ _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX</p> <p>Account Number: _____</p> <p>Expiration Date: _____</p> <p>Name on Card: _____</p> <p>Billing Address (if different than above): _____</p> <p>Signature: _____</p>
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FOR OFFICE USE ONLY	Received by: _____	Date: _____	Rep: #: _____
Entered by: _____	Date: _____	Customer #: _____	Order #: _____