



# 2019 Birthday Party Order Form

**Minimum of 10 tickets**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Name of Birthday Person**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**(Area Code) & Phone Number**

Type of payment: \_\_\_ Check \_\_\_ Money Order  
 \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Cash

\_\_\_\_\_  
**Account Number Exp. Date**  
 Last 3 digits on back of card \_\_\_\_\_

\_\_\_\_\_  
**Cardholder's Name**

\_\_\_\_\_  
**Cardholder's Signature (Required)**

Tickets may be picked up in person prior to party or tickets can be mailed via certified mail. Order form and payment must be received at least one week prior to event in order for tickets to be mailed. Optional overnight delivery is available for a \$25 charge. If your order form and payment is received less than a week in advance, tickets must be picked up or can be held at will call.

**No outside food permitted inside park, except birthday cake.**  
*Anyone who does not have a party ticket will pay \$39.99 per adult or \$31.99 per child or seniors aged 60 or older at the gate. Children 2 and under do not require a ticket but no meal is included.*

**Date of your event** \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

**Ticket Order**

	Quantity	Total
Birthday Party Ticket Rate:		
\$31.99 per person	_____	\$ _____
Tax (6%)		\$ _____
Subtotal		\$ _____
Postage and Handling (omit if picking up tickets)		\$ <u>15.00</u>
Overnight Delivery (add \$25.00)		\$ _____
<b>Total</b>		<b>\$ _____</b>

Send our tickets. Our party is at least one week away and full payment is enclosed.

Hold tickets at will call. Full payment is enclosed.

**Your party ticket includes:**

- Two hours in the party room
- Splash Lagoon (weather permitting)
- Gate admission that includes all the rides (excluding go-carts and games).
- Gold Rush Golf
- Birthday Meal in party room

**Please indicate below which meal you prefer:**

Hot dog, chips, and a soft drink

Chicken strips, chips, and a soft drink

**Requested Party Room Time (meal served 30 minutes after party room time begins):**

<u>Mon. thru Thur. &amp; Sat.</u>	<u>Friday &amp; Sunday</u>
10:30 am to 12:30 pm _____	12:00 to 2:00 _____
12:45 pm to 2:45 pm _____	2:15 to 4:15 _____
3:00 pm to 5:00 pm _____	4:30 to 6:30 _____
5:00 pm to 7:00 pm _____	

-----For Office Use Only:-----

Payment Received \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ By \_\_\_\_\_

Tickets Printed \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ By \_\_\_\_\_

Tickets Mailed \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ By \_\_\_\_\_

Confirmation # \_\_\_\_\_