



2020 WILD SAFARI Group Order Form (15-99) Guests
RESERVATIONS REQUIRED FOR VISIT DATE – Reserve
 at www.sixflags.com/reserve

Day and Date of Trip (if group visiting on same day):

Safari Hours – 9 am – 4 pm Monday – Friday & 9 am – 5 pm Sat & Sun

Group Name: _____

Contact Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (land line): _____ Tax Exempt: _____ YES _____ NO

Phone (mobile): _____ Email: _____

- **DEADLINES:** Orders with full payment must be postmarked 10 days before visit date for tickets to be shipped. Orders received within 5 business days of your trip will be charged a late fee of \$20 in addition to the Processing fee. TICKETS ARE NON-REFUNDABLE. Tickets can be returned for credit towards another visit for the current or following season.
- **MINIMUMS:** Minimum ticket order is 15 paid tickets. Children 2 years and under are free.
- **TAX EXEMPTION:** All tax exempt organizations must present a NJ-ST-5 tax exemption form. Federal and other state tax exemption forms will not be accepted.
- Order will not be processed without a processing fee.
- **Tickets must be purchased in advance. Tickets are not sold at the park.**

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Reservations can be made with bar code number on ticket

Ticket Type	Details	Main Gate Price	★ YOUR ★ Group Rate	QTY	Total \$
Wild Safari Admission For use through 9/7/2020	Wild Safari Park Admission Valid through 9/7/2020	\$21.31 (19.99 + \$1.32 tax)	\$19.18 (\$17.99 + \$1.19 tax)		\$
Processing Fee(s)	Tickets will not be issued without processing fee \$20 late fee will automatically be added to processing fee on orders received less than 5 days before visit date				\$13.00 Circle one \$33.00
Minimum order is 15 tickets Questions? Contact Group Sales: 732-928-2000 x 2845				Rep #99	TOTAL \$

FAX credit card order to: 732-928-1374

MAIL check or money order to:
 Six Flags Great Adventure
 1 Six Flags Blvd
 Jackson, NJ 08527
 Attn: Group Sales

TO PLACE PHONE ORDER:
Call
 732-928-2000 x 2824

PAYMENT METHOD

Please Invoice

Check #: _____ Amount: \$ _____ Payable to: Six Flags Great Adventure

AMEX DISC MC VISA Amount: \$ _____

Account #: _____

CVV Code: _____ Exp. Date: _____

Name on Card: _____

Billing Address (if different): _____

Signature: _____