



GROUP 2018 ORDER FORM

PLEASE NOTE: THIS IS AN ORDER FORM, NOT A RESERVATION HOLD REQUEST

Date of Visit: _____

Organization Name: _____ Group Leader: _____ Email Address: _____
 TICKETS WILL ONLY BE VALID ON THE SELECTED DATE

Ticket Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 ONLY PHYSICAL ADDRESS ACCEPTED - NO P.O. BOX

Ticket Type:	15 Admission Tickets Minimum	Early Bird Now-May 1	Group Price May 2-Nov. 4	Quantity	Total
Prepaid Group Tickets - Save over 50% when pre-purchased		(31.99 + \$.56) \$32.55	(32.99 + \$.58) \$33.57		\$
Complimentary Tickets - 1 FREE ticket per 15 admission tickets purchased		FREE	FREE		\$
Meal Voucher - Save over 20% when pre-purchased		(14.00 + \$.98) \$14.98	(14.00 + \$.98) \$14.98		\$
Parking Voucher - Buses park free		(15.00 + \$1.05) \$16.05	(15.00 + \$1.05) \$16.05		\$
TO ORDER: Please be exact when ordering your tickets. There are NO refunds or rain checks on prepaid admission, meal voucher, or parking ticket orders. The minimum is 15 tickets or more. Orders must be received at least 21 days prior to visit. Orders received after the three-week deadline and any walk up groups will have the rate of \$35.50 +tax. Tax exempt orders must be ordered through our office and forms must be sent to have Tax Exempt status. All prices, programs, operating hours & operating dates are subject to change without notice. Children 2 years and under are FREE! (<u>15 tickets purchased minimum required</u> , for orders over 100 , contact sales at 518-792-3500 x3361)				Order Fee	\$5.00
				Total	\$

MAIL ORDERS: The Great Escape, ATTN: Group Sales
 PO Box 28653, New York, NY 10087
EMAIL ORDERS: Ssawn@sftp.com
Credit Card Payments: 518-792-3500 x3361
For Operating Hours & Dates visit
sixflags.com/GreatEscape

All credit card information will be shredded after payment is taken. We do not keep credit card information on record.

PAYMENT METHOD

Check # _____ Amount: \$ _____ Payable to The Great Escape

Credit Card # _____ Amount: \$ _____

Expiration Date: _____ CVV Code: _____ Name on Card: _____

Billing Address: _____

Signature: _____ Today's Date: _____

OFFICE USE ONLY: Customer #: _____ Order #: _____ New/Renew: _____ Mail or Pickup Date: _____ Territory 4- Sandi