



2020 GROUP TICKET

ORDER FORM | GROUPS 10-14

TO ORDER: Please fill in your information below. Your prepaid order of 10 tickets or more **must be received** at least 10 business days prior to your visit date. Payment by check must accompany order form or call 636-938-5300 ext. 6288 to pay by credit card. All prepaid admission tickets are non-refundable. Reservations required at sixflags.com/reserve prior to visiting the park. Parking pass must be purchased in advance.

TICKET TYPE	GROUP PRICE	QUANTITY	TOTAL
GROUP RATE Min. Quantity 10	\$31.78 (\$28.99 + \$2.79 tax)		\$
2020 SEASON PASS Min. Quantity 10	\$54.80 (\$49.99 + \$4.81 tax)		\$
ALL DAY DINING PASS Includes Sports Bottle, Lunch, Snack & Dinner	\$27.39 (\$24.99 + \$2.40 tax)		\$
MEAL VOUCHER	\$15.07 (\$13.75 + \$1.32 tax)		\$
DISCOUNTED PARKING Including Buses	\$20.00		\$
		PROCESSING FEE	\$ 12.00
How many Membership/Season Pass holders are coming with your group? <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Quantity: _____</div>		OPTIONAL NEXT DAY DELIVERY (\$20.00)	\$
		TOTAL	\$

* Prices subject to change without notice.

Send me updates, discounts and special offers from the park (email will not be shared or sold)

TELL US ABOUT YOU

Date of Visit: _____ Organization Name: _____

Group Leader: _____ Email Address: _____

Shipping Address (We Cannot Ship to a PO Box) _____

City: _____ State: _____ Zip: _____ Day Phone: _____

Tax Exempt? YES - or - NO * If YES, must include a copy of current state sales tax exempt letter

TO PURCHASE TICKETS ONLINE:

Visit sixflags.com/stlouis on the GROUPS page and click BUY TICKETS

Online tickets may be purchased in advance or on the day of your visit. Tickets may be printed at home or scanned from a mobile device. **Tax exempt status cannot be used for online orders.**

MAIL TO:

USPS Six Flags St. Louis | PO Box 60, Eureka MO 63025 | ATTN: Group Sales

FEDEX/UPS Six Flags St. Louis | 4900 Six Flags Rd, Eureka MO 63025 | ATTN: Group Sales

PHONE: 636-938-5300 ext. 6288

FAX: 636-587-2753

FOR OFFICE USE ONLY: H-S H-Y H-B H-C H-O

Date Received: _____ Visit Date: _____

Ticket Quantity: _____ Chap. #: _____ Acc. Exec: _____

Hold Tickets at Guest Relations: Y N