

Employees Name: _____
CC Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Company Name: _____
E-Mail Address (Mandatory) _____

Date Ordered: ____/____/____ **Date of Travel:** ____/____/____

1 Day – Adventure Island Tampa, FL
Adult: \$41.10 Quantity _____ Total \$ _____
Child: \$37.46 Quantity _____ Total \$ _____

1 Day – Busch Gardens Tampa, FL
Adult: \$68.76 Quantity _____ Total \$ _____
Child: \$60.20 Quantity _____ Total \$ _____

1 Day – Busch Gardens Williamsburg, VA
Adult: \$50.99 Quantity _____ Total \$ _____
Child: \$40.99 Quantity _____ Total \$ _____

1 Day – SeaWorld San Antonio
Adult: \$57.13 Quantity _____ Total \$ _____
Child: \$47.94 Quantity _____ Total \$ _____

1 Day – SeaWorld San Diego, CA
Adult: \$46.99 Quantity _____ Total \$ _____
Child: \$46.99 Quantity _____ Total \$ _____

1 Day – SeaWorld Orlando
Adult: \$70.15 Quantity _____ Total \$ _____
Child: \$61.63 Quantity _____ Total \$ _____

1 Day – Sesame Place Langhorne, PA
Adult: \$53.11 Quantity _____ Total \$ _____
Child: \$53.11 Quantity _____ Total \$ _____

SeaWorld Orlando/Aquatica Combo Orlando, FL
Adult: \$99.97 Quantity _____ Total \$ _____
Child: \$91.45 Quantity _____ Total \$ _____

1 Day – Water Country USA Williamsburg, VA
Adult: \$41.03 Quantity _____ Total \$ _____
Child: \$34.03 Quantity _____ Total \$ _____

3 Day- Universal Studios, CA
Buy 1 Day at \$10 Off get 2 Days FREE!

Adult/Child: \$64.00 Quantity _____ Total \$ _____

Front of the Line Pass – Universal Studios, CA
Adult/Child: \$149.00 Quantity _____ Total \$ _____

NO Blackout Annual Pass – Universal Studios, CA
Adult/Child: \$94.00 Quantity _____ Total \$ _____

Annual Pass w/Blackout Dates – Universal Studios, CA
Adult/Child: \$77.00 Quantity _____ Total \$ _____

Premium Star Pass – Universal Studios, CA
Adult/Child: \$134.00 Quantity _____ Total \$ _____

E-TICKETS WILL BE E-MAILED DIRECTLY TO YOU

GRAND TOTAL: \$ _____

PAYMENT METHOD:

PLEASE CHECK PAYMENT METHOD: _____ **CREDIT CARD TYPE: (VISA __ MC __ AMX __ DIS __)**
NAME AS IT APPEARS ON CARD: _____
CARD NUMBER: _____ **EXPIRATION DATE:** ____/____/____
SIGNATURE: _____ **CVV #** _____ (3 digit code on back or AMX 4 digit on front)

PLEASE PRINT FORM AND FAX TO 480-413-1963 ALONG WITH COPY OF COMPANY ID