



Prepayment Ticket Order Form

OPERATION FREQUENT WIND ONE DAY TICKETS

Company / Organization Name: _____

Contact Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

**** Please Note: All ticket orders require a 10-day lead-time, from the date of receipt of payment. Payment must be received by 5pm, April 20th, 2010. Please mail checks to: ATTN: SALES & MARKETING
Shipping is not included. Client must provide a Fedex or UPS account number when shipping is necessary. ****

Must **purchase** a minimum of 20 or more tickets, in any combination, in order to qualify for the following rates:

Number of Adult Prepayment Tickets: _____ (\$14 each)

Number of Youth Prepayment Tickets: _____ (\$9 each)

Number of Senior Prepayment Tickets: _____ (\$11 each)

Total \$\$: _____

Delivery Method

Shipping Company: _____

Account Number: _____ Method: _____

Pick up at will call (Contact name): _____ Date of pick up: _____

Tickets valid for only for 4-30-10 daytime admission. All sales are final, no refunds or exchanges will be given for unsold or unused tickets. Prices valid through 4-20-10.