



EMPLOYEES RECREATION ASSOCIATION

For ERA use only

Date and time processed: _____

Order Number: _____

Ordered by: _____

ERA Ticket Order Form

All ticket orders must be received by 2:30 PM to receive your ticket order COB. Order forms received after 2:30 PM will be processed the next business day. (ERA offices are closed Mondays.)

(Please print clearly and fill out completely)

Member name: _____

Credit Card Billing Address: _____

City _____ State _____ Zip Code _____

Phone Number _____ Alt Phone Number _____

E-Mail address: _____
(Your tickets are sent to your email address so it is critical that your email is accurate)

Name of Attraction: _____

Type of ticket you are ordering: _____

Date you are using this ticket: _____

Please list the names to be printed on each ticket: Please specify adult or child

- 1. _____ 2. _____ 3. _____
 - 4. _____ 5. _____ 6. _____
 - 7. _____ 8. _____
- 8 tickets is maximum per order.

Number of tickets: Adults: _____ X Cost per ticket _____ = \$ _____

Children: _____ X Cost per ticket _____ = \$ _____

Processing fee (if any): _____

Total cost for ticket order: _____

Method of Payment:

_____ MasterCard _____ Visa _____ Amer. Express _____ Cash (No checks)

Member's Credit Card # _____ -- _____ -- _____ --

CVV2 Code: _____ Expiration Date: Month: _____ Year: _____

Card Holder signature: _____

Complete form and Fax or E-mail to:

Fax- 858-455-3302 or [E-mail: ERA.Office@ga.com](mailto:ERA.Office@ga.com)

If you haven't received your tickets within 24 hours please call our office at 858-455-3305