



EMPLOYEES RECREATION ASSOCIATION

For ERA use only

Date and time processed: \_\_\_\_\_

Order Number: \_\_\_\_\_

Ordered by: \_\_\_\_\_

# ERA Ticket Order Form

*Clear 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: \_\_\_\_\_  
(Personal Email addresses only, no GA/ASI email addresses please)

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