



EMPLOYEES RECREATION ASSOCIATION

For ERA use only

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

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

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

# ERA Ticket Order Form

*Clear Form*

### INSTRUCTIONS:

(1) download form, (2) fill in all required information, (3) send to:

[ERA.Office@ga.com](mailto:ERA.Office@ga.com) | (858) 455-3302 (fax)

*If you haven't received your tickets within 24 hours please call the GA-ERA office: (858) 455-3305.*

*All ticket orders must be received by 2:30PM to receive the ticket order that day. Order forms received after 2:30PM will be processed the next business day. (Note: GA-ERA offices are closed on 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 \_\_\_\_\_ American Express \_\_\_\_\_ Cash (No checks)

Member's Credit Card # \_\_\_\_\_

CVV2 Code: \_\_\_\_\_ Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Card Holder signature: \_\_\_\_\_