



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 | (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 Fridays.)

(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: _____