CHRISTMAS TOWN
A Busch Gardens Celebration

2013 Senior Adult Group Order Form
(Group Members must be ages 55+)

Group Name:_____ Date of Visit:_____

Contact Name:_____ Phone:_____ Email:_____

Mailing Address:_____ City:_____ State:_____ Zip Code:_____

Mrs. Claus' Family Feast & Admission Package

BEST VALUE

• Christmas Town Admission • 3 - 6 PM Early Access to Santa House & Busch Gardens •
• All-You-Care-To-Eat Dinner Buffet •

• Minimum Purchase of 15 tickets per night required • Tickets are valid for one event night only • Space is limited & subject to availablity •

Please Select Date of Visit		Price w/o Tax	Price w/ Tax	QTY	TOTAL
6:00 PM Dinner ☐ Sun. Dec 1 ☐ Fri. Dec 6 ☐ Sun. Dec 8 ☐ Thur. Dec 12 ☐ Fri. Dec 13 ☐ Sun. Dec 15 ☐ Mon. Dec 16 ☐ Tue. Dec 17 ☐ Wed. Dec 18 ☐ Thur. Dec 19	**Senior Adult**	$38.00	$40.66	_____	$_____
Select Dinner Seating: ☐ **6:00 PM** ☐ **7:30 PM** ☐ Fri. Nov 29 ☐ Sat. Nov 30 ☐ Sat. Dec 7 ☐ Sat. Dec 14 ☐ Fri. Dec 20 ☐ Sat. Dec 21 ☐ Sun. Dec 22 ☐ Mon. Dec 23	**Senior Adult**	$48.00	$51.36	_____	$_____

GROUPS 15+ ADMISSION

• Minimum Purchase of 15 tickets per night required • Tickets are valid for one event night only •

Please Mark Date of Visit		Price w/o Tax	Price w/ Tax	QTY	TOTAL
☐ Sun. Dec 1 ☐ Fri. Dec 6 ☐ Sun. Dec 8 ☐ Thur. Dec 12 ☐ Fri. Dec 13 ☐ Sun. Dec 15 ☐ Mon. Dec 16 ☐ Tue. Dec 17 ☐ Wed. Dec 18 ☐ Thur. Dec 19	**Senior Adult**	$20.00	$21.40	_____	$_____
☐ Fri. Nov 29 ☐ Sat. Nov 30 ☐ Sat. Dec 7 ☐ Sat. Dec 14 ☐ Fri. Dec 20 ☐ Sat. Dec 21 ☐ Sun. Dec 22 ☐ Mon. Dec 23	**Senior Adult**	$30.00	$32.10	_____	$_____
Christmas Town Parking		$14.02	$15.00	_____	$_____
Shipping and Handling for Ticket Delivery (Advance Mail Out Option Only)			$10.00		$_____
			Grand Total		$_____

Choose Your Ticket Distribution:

☐ **Advance Pick-up at following locations:**

Please Indicate pick-up date: _____ (Payment due at time of pick-up.)

Order form must be received at least **7** business days prior to requested pick-up date

☐ **Busch Gardens Marketing in Tampa**
3605 E. Bougainvillea Ave., Tampa, FL 33612
(Monday-Friday, 8:30 am- 12:00pm, 1:00 pm-4:00 pm)

☐ **SeaWorld Advance Sales in Orlando**
6817 Westwood Blvd., Orlando, FL 32821
(Monday-Friday, 8:30 am- 4:00 pm)

☐ **Advance Mail Out, send payment to:**

SeaWorld Parks & Entertainment, Inc.
ATTN: Group Sales Christmas Town
6817 Westwood Blvd., Orlando, FL 32821

Email: swobgtgroupsales@seaworld.com

Phone: (866) 781-1333 Fax Payment to: (407) 370-1759

Choose Your Payment Option:

☐ Organizational Check*
☐ Organizational Credit Card**
☐ Cashier Check

Cash, money orders, or starter checks are not accepted

* An organizational check or organizational credit card must have organization's name printed on it, and must be used for payment if the group is using a Florida Tax Exempt Certificate. If picking up tickets you must present a copy of the tax-exempt form with an organizational check at the Group Sales Window. If sending in payment for tickets to be mailed out, please include a copy of the tax-exempt certificate with an organizational check.
**Credit Card Authorization form required for advance mail out only. Please complete attached Credit Card Authorization Form.

Event Disclaimers:

Minimum purchase of 15 tickets per night required. Group members must be ages 55+. Tickets are valid for one event night only. Christmas Town tickets are subject to availability and are not valid for general daily admission. Not valid with any other discounts or offers unless otherwise specified. Operating hours are subject to change without notice. No rain checks, readmits, or refunds. Pricing subject to change without notice.

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2013 Group Sales Credit Card Authorization Form

Company/Organization Name

( )

Contact Name **Contact's Phone #**

I, _____, authorize SeaWorld Parks and Entertainment to charge my credit card in the amount of $_____, plus $10.00 S&H (if Advanced Mail Out option is chosen.)

Credit Card # _____ CID #: EXP:

Print Name: _____

Billing Address: _____

_____

City _____ State Zip

Phone: _____

Ticket Quantity: _____

Confirmation: _____

Group Name: _____

**** Please provide a copy of the front and back of your credit card ****

Fax completed form to (407) 370-1759

Date: _____