

CHRISTMAS TOWN

A Busch Gardens Celebration

2013 Group Sales Order Form

Group Name: _____ Date of Visit: _____
 Contact Name: _____ Phone: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____



Mrs. Claus' Family Feast & Admission Package

- 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 availability •

Please Select Date of Visit

6:00 PM Dinner				Adult	Price w/o Tax	Price w/ Tax	QTY	TOTAL
<input type="checkbox"/> Sun. Dec 1	<input type="checkbox"/> Fri. Dec 6	<input type="checkbox"/> Sun. Dec 8	<input type="checkbox"/> Thur. Dec 12		\$43.00	\$46.01	_____	\$_____
<input type="checkbox"/> Fri. Dec 13	<input type="checkbox"/> Sun. Dec 15	<input type="checkbox"/> Mon. Dec 16	<input type="checkbox"/> Tue. Dec 17	Child	\$23.00	\$24.61	_____	\$_____
<input type="checkbox"/> Wed. Dec 18	<input type="checkbox"/> Thur. Dec 19			(Ages 3-9)				

Select Dinner Seating: 6:00 PM 7:30 PM

<input type="checkbox"/> Fri. Nov 29	<input type="checkbox"/> Sat. Nov 30	<input type="checkbox"/> Sat. Dec 7	<input type="checkbox"/> Sat. Dec 14	Adult	\$53.00	\$56.71	_____	\$_____
<input type="checkbox"/> Fri. Dec 20	<input type="checkbox"/> Sat. Dec 21	<input type="checkbox"/> Sun. Dec 22	<input type="checkbox"/> Mon. Dec 23	Child	\$23.00	\$24.61	_____	\$_____
				(Ages 3-9)				

GROUPS 15+ ADMISSION

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

Please Mark Date of Visit

				Adult	Price w/o Tax	Price w/ Tax	QTY	TOTAL
<input type="checkbox"/> Sun. Dec 1	<input type="checkbox"/> Fri. Dec 6	<input type="checkbox"/> Sun. Dec 8	<input type="checkbox"/> Thur. Dec 12		\$25.00	\$26.75	_____	\$_____
<input type="checkbox"/> Fri. Dec 13	<input type="checkbox"/> Sun. Dec 15	<input type="checkbox"/> Mon. Dec 16	<input type="checkbox"/> Tue. Dec 17	Child	\$10.00	\$10.70	_____	\$_____
<input type="checkbox"/> Wed. Dec 18	<input type="checkbox"/> Thur. Dec 19			(Ages 3-9)				
<input type="checkbox"/> Fri. Nov 29	<input type="checkbox"/> Sat. Nov 30	<input type="checkbox"/> Sat. Dec 7	<input type="checkbox"/> Sat. Dec 14	Adult	\$35.00	\$37.45	_____	\$_____
<input type="checkbox"/> Fri. Dec 20	<input type="checkbox"/> Sat. Dec 21	<input type="checkbox"/> Sun. Dec 22	<input type="checkbox"/> Mon. Dec 23	Child	\$10.00	\$10.70	_____	\$_____
				(Ages 3-9)				

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. 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.

Company/Organization Name

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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: _____