

# ELITCH GARDENS' 2019 SCHOOL GROUP ORDER FORM

Ticket Type Minimum Group Size: 15	Group Price	How Many?	Total \$
<b>Good-Any-Day School Tickets</b> You save \$32 per ticket	<b>\$27.99</b>		
<b>Meal Deal Voucher</b> <b>*Valid at Select Locations*</b>	<b>\$13.00</b>		
<b>Discount Parking</b> Buses park FREE Main Gate \$20.00	<b>\$15.00</b>		
<b>Rapid Ride</b> Valid for unlimited front-of-the line access for select rides	<b>\$24.99</b>		
<b>1 Free Chaperone Admission Ticket for every 15 admission tickets purchased</b> <i>(Does not include meal)</i>	<b>FREE</b>		<b>FREE</b>
<b>Processing Fee</b>	<b>\$7.99</b>	<b>1</b>	<b>\$7.99</b>
<b>TOTAL \$</b>			

I, \_\_\_\_\_, understand that the tickets that I am purchasing are non-refundable and non-transferable. However, School tickets are valid any operating day in 2019. I must have at least 15 people in my group and pre-purchase the tickets 2 weeks in advance in order to receive these discounts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*YOU WILL RECEIVE A CALL TO CONFIRM THE ORDER HAS BEEN PROCESSED**

**ALSO ORDER ONLINE AT:**

[www.elitchgardens.com/groups/school-groups/](http://www.elitchgardens.com/groups/school-groups/)

**RAPID RIDE CANNOT BE PURCHASED ONLINE AT DISCOUNTED RATE**

## SCHOOL INFORMATION

School Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Visit\*: \_\_\_\_\_

*Bus Drivers get free admission by showing CDL to ticket sales/will call*

## TICKETS TO BE:

Mailed\*

Held at Guest Relations under the group leader's name\*

\*To receive tickets by mail, order must be received 2 weeks in advance. Otherwise, tickets will be held at Guest Relations under the group leader's name. Valid photo ID will be required to pick up tickets at Guest Relations.

## PAYMENT METHOD

Check or Money Order enclosed: Amount \$ \_\_\_\_\_

Credit Card

\*Purchase orders must be approved and sent with order form. Payment will be expected prior to group visit.

Name (as it appears on card): \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVN Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email order to [GroupSales@ElitchGardens.com](mailto:GroupSales@ElitchGardens.com) Or mail order form with payment to: Elitch Gardens | 299 Walnut St. | Denver, CO 80204 | Attn: Group Sales. **Please allow two weeks to process order.**