2019 KEY CLUB FALL RALLY North - Check Payment Form

Six Flags DISCOVERY KINGDOM To pay by check, please complete this form and mail / or fax to the address / fax number listed below.	Please fill in your information be there are no refunds on prepaid it Club.	19 at Six Flags Disco To Order: Iow. Please be exa ems. Again, please	overy Kingdom. ct when orderin try to place all o	g your tickets as orders together by Orders	
YES,OUR GROUP IS COMING!	will be sent to the mailing address provided on this form. Order form (with full payment) must be received no later than				
SHIP TICKETS Please provide a valid street address- we are unable to ship to a P.O. Box. SCHOOL NAME SCHOOL NAME	Order form (with full payment) must be received no later than Friday, October 11, 2019.				
GROUP LEADER TITLE	Menu: Hamburgers, Hot Dogs, Mac & Cheese, Fruit, Ice Cream Bars and Coca Cola Beverages				
CITY/ STATE/ ZIP	Please select meal time:	12:00pm - 1:30pn	n or 🔲 2:	00pm - 3:30pm	
DAY PHONE FAX	TICKET TYPE	PRICE PER TICKET	HOW MANY	TOTAL	
EMAIL: Send me updates, discounts and special offers from the park . Email will not be	ADMISSION ONLY	\$36.00		\$	
shared or sold. Mail Form To:	CATERED MEAL (all you can eat meal)	\$16.50		\$	
ATTN: Group Sales / KEY CLUB Six Flags Discovery Kingdom or by FAX: (707) 557-5116 1001 Fairgrounds Drive		PROCESSING FEE (must include for order to be processed) \$ 8.9		\$ 8.99	
Vallejo, CA 94589		TOTAL ORDE	R AMOUNT	\$	
PAYMENT INFORMATION Proudly Accepted Here CHECK OR MONEY ORDER ENCLOSED SIX FLAGS DISCOVERY KINGDOM	FOR OFFICE USE Customer # Date Processed		CE USE ONLY		
PLEASE CHARGE TO: MASTER CARD VISA DISCOVER CARD NO. EXP. DATE CVC CODE ZIP CODE	ANATIO 3			Key Club	
PRINT NAME AS APPEARS ON CARD SIGNATURE					

2019 Key Club Fall Rally EXTRAS Order Form

Lee Warner: (707) 556-5231 or E-mail address: lwarner@sftp.com

Flags.

To Qualify: You must be participating in the 2019 Cali-Nev-Ha Key Club Fall Rally event on Saturday, October 19th, 2019 at Six Flags Discovery Kingdom. To order admission tickets to the park, visit our website to download the order form. This prepaid order form must be received to Six Flags Discovery Kingdom **no later than** Friday, October 11, 2019. Mailing Address: 1001 Fairgrounds Dr. Vallejo, CA 94589 or Fax 707-557-5116.

To Ortler: Please fill in your information below. Please be exact when ordering your tickets. **There are NO refunds on prepaid items**. Again, please try to place all orders together by Club. Orders will NOT be accepted day of the event. Orders will be sent to the Mailing Address provided below **no later than Fri., October 11, 2019.**

For information on TICKETS ONLY:

Please contact Bruce Hennings at (877)597-1770 x.105 or by email, bruce@cnhkiwanis.org.

Product	Price	Quantity	TOTAL
Launted House Voucher Inlimited access to haunted houses on day sit. Must exchange voucher for wristban esignated location.			\$
Discount Parking Voucher ncluding Buses. Savings of \$10.00)	\$ 20.00)	\$
feal Voucher edeemable at select locations for select it	tems \$15.00 (\$13.84 + \$1.1		\$
Il You Can Eat Lunch Buffet Iust be purchased NO LATER than 10/2 uffet is from 12:00PM – 1:30pm OR 2pr 30PM (Circle One Lunch Time) & incl amburgers, hot dogs, mac & cheese, fruit ream bars, and Coca Cola beverages	n – \$ 16.50 ludes: (\$15.22 + \$1.28		\$
RDERS WITHOUT FULL PAYMENT W VILL BE DISCARDED WITHOUT PRIOR	R NOTIFICATION TO SENI	DER Total	\$
Tell US About You: Please free Club	ill in all the information belo Di	w about your group. (vision	(ALL fields required)
Tell US About You : Please fr Club Group Leader	Di	vision	
Club	Di Email Ad	vision dress	
Club Group Leader	Di Email Ad	vision dress	
Club Group Leader Mailing Address	Di Email Ad teZip	vision dress Day Phone	
Club Group Leader Mailing Address City Sta	Di Email Ad teZip	vision dress Day Phone	
Club Group Leader Mailing Address City Sta Address of Financially Responsible City Sta	Di Email Ad teZip	vision dress Day Phone	
Club Group Leader Mailing Address City Sta Address of Financially Responsible City Sta	Di Email Ad Zip teZip teZip	vision dress Day Phone Day Phone Day Phone	
Club Group Leader Mailing Address City Sta Address of Financially Responsible City Sta Please charge:	Di Email Ad teZip teZip d MasterCard	vision dress Day Phone Day Phone Visa Exp. 1	Date

 Customer #_____
 Order #_____
 New/Renew_____
 PY_____