

TICKET REQUEST FORM

Use this form to request tickets for UFCW Local 152 Member Day at Six Flags Great Adventure on June 8, 2019. Please print. Cash, check, or money order will be accepted if requesting in person. If mailing your request: DO NOT SEND CASH. We will only accept check or money order if sending request form via mail.

MEMBER INFORMATION

UFCW Local 152 Member's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Last 4 digits of SSN: _____

Email: _____

Employer: _____

TICKET REQUEST

Total Number of Tickets Requested: _____

Total Payment Included: \$ _____

Only check or money order will be accepted if mailing this form.

Please make checks payable to UFCW Local 152.

Cash accepted if requesting in-person.

While supplies last, tickets are **\$25** per person. Each member can buy a maximum of **4** (four) tickets at this rate.

Each additional ticket is **\$57.50** per person.

TERMS AND CONDITIONS

1. This offer is only valid for active UFCW Local 152 members in good standing and is subject to verification.
2. Only the UFCW Local 152 member can pick up the tickets. ID will be required.
3. Tickets cannot be transferred to other individuals.
4. There will be absolutely **NO** refunds on tickets.
5. **UFCW Local 152's Member Day will occur rain or shine.**
6. Tickets will **NOT** be reserved unless payment is enclosed with this form.
7. Tickets will be distributed on a first come, first served basis for the exclusive price of \$25 per person while supplies last, with a maximum of four tickets per member at this price. If you need more than four tickets, each additional ticket will still be available for the discounted price of \$57.50 per person. If and when the limited \$25 tickets are sold out, members can still purchase tickets for \$57.50 per person.

By signing below, you signify that you have read and understand the terms and conditions for purchasing tickets to UFCW Local 152's Member Day at Six Flags Great Adventure on Saturday, June 8, 2019.

Signature _____ Date: _____

