

**Product** 

Customer #\_\_\_\_\_ Order #\_\_

## **2019 Key Club Fall Rally EXTRAS Order Form**

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

**To Qualify:** You must be participating in the 2019 Cali-Nev-Ha Key Club Fall Rally event on Saturday, October 19<sup>th</sup>, 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 Order:** 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.

Price

Quantity

**TOTAL** 

Haunted House Voucher Unlimited access to haunted houses on day of visit. Must exchange voucher for wristband at designated location.	\$25.00		\$	
Discount Parking Voucher (Including Buses. Savings of \$10.00)	\$ 20.00	)	\$	
Meal Voucher Redeemable at select locations for select items	<b>\$15.00</b> (\$13.84 + \$1.1		\$	
All You Can Eat Lunch Buffet Must be purchased NO LATER than 10/16/19. Buffet is from 12:00PM – 1:30pm OR 2pm – 3:30PM (Circle One Lunch Time) & includes: hamburgers, hot dogs, mac & cheese, fruit, ice cream bars, and Coca Cola beverages	\$ 16.50 (\$15.22 + \$1.28	3 Tax)	\$	
ORDERS WITHOUT FULL PAYMENT WILL NO				8.99
WILL BE DISCARDED WITHOUT PRIOR NOT	TIFICATION TO SENI			
Tell Us About You: Please fill in al	ll the information belo	w ahout vour group	(ALL fields:	required)
Club	Di	vision	(TEE HOIGS	
Group Leader	Email Address			
Mailing Address				
City State	Zip	Day Phone		
Address of Financially Responsible				
CityState	Zip	Day Phone		
Please charge: ☐ AMEX	☐ MasterCard	□ Visa		
Account Number		Exp.	Date	
Signature	Name on Card			
OR, Enclosed please find Check#	Amount \$_			

\_\_\_\_\_\_ New/Renew\_\_\_\_\_\_ PY\_\_\_\_