



2020 Specific Day Ticket Agreement

A minimum amount of 10 tickets is required for each order.

Group Information

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

| Ticket Type | Discount Admission | Ticket Quantity | Total Amount Due |
|--|--------------------|-----------------|------------------|
| Monday through Thursday ages 2-7 (Save \$4) | \$8.95 | | |
| Monday through Thursday ages 8+ (Save \$5) | \$15.95 | | |
| Friday through Sunday ages 2-7 (Save \$5) | \$10.95 | | |
| Friday through Sunday ages 8+ (Save \$6) | \$17.95 | | |
| 1 free chaperone per 10 paid guests, 11th guest is free | FREE | | |
| Total Amount Due: | | | |

All ticket prices include free parking.

Terms and Conditions

Please complete and email this form to OThompson@coneyislandpark.com. Payment for the total amount due for discounted admission tickets is due prior to your date of visit in a single form of payment. Tickets will be available for pickup at will call on your date of visit. Please email OThompson@coneyislandpark.com to make your payment.

Payment available via credit card only.

Authorized Group Signature _____ Printed Name _____ Date _____

Coney Island Account Executive Signature _____ Printed Name _____ Date _____

