



CORPORATE RESERVATION FORM

PLEASE PRINT

Company Name:

Contact Name:

Title:

Mailing Address:

City/State/Zip:

Day Phone:

Evening Phone:

Cell Phone:

Email Address:

Date of Visit:

Rain Date:

Reservation Time:

Serving Time:

Anticipated Meal Count:

A 25% deposit is required at least two weeks before your scheduled visit in order to hold your reservation date/all-you-can-eat barbecue. We accept company checks and MC, Visa or Discover. Deposits are nonrefundable.

Please fill in the following:

Minimum Group Size: 50 paying people when purchasing the barbecue

15 paying people for a non-catered outing

ONE FREE admission ticket with every 20 tickets purchased.

_____ Admission Tickets (all ages) @ \$18.00 each (3-hour ticket) = \$_____

OR

_____ Admission Tickets (all ages) @ \$21.00 each (all-day ticket) = \$_____

_____ All-You-Can-Eat Barbecue (all ages) @ \$13.50 each = \$_____

Grand Total = \$_____

Total Number of People Visiting:_____

Make check or money order payable to: Splash Zone Water Park

Mail orders to: Splash Zone Water Park Group Sales
P.O. Box 1649
Wildwood, NJ 08260

Fax orders to: Splash Zone Water Park Group Sales
609-523-2734

Splash Zone Water Park Credit Card Authorization

Cardholder's Name:
Billing Address:
City/State/Zip:
Day Phone: Evening Phone:
Email Address:
Credit Card Number:
Expiration Date:
Security Code (when applicable):

I authorize Splash Zone Water Park to charge the amount of \$_____ to the account above to be used for_____.