



GROUP RESERVATION FORM
PLEASE PRINT

Group Name:

Contact Name:

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. We accept organization checks and MC, Visa or Discover. Deposits are nonrefundable.

Please fill in the following:

Minimum Group Size: 15 paying people. 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 @ \$13.50 each (all ages) = \$_____

OR

_____ Food Voucher @ \$6.50 each (all ages) = \$ _____

OR

_____ We are brown bagging.

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 _____.