



GROUP ORDER FORM

Please review all policies regarding Fernbank After Dark Group Tickets before completing this form. Form must be received at least 2 weeks prior to event date.

Contact Name/Group Leader: _____

Group Name: _____

Address: _____

Phone Number: _____

Email: _____ Yes, please add me to your email list.

Type of Group: Corporate Social Young Professional Alumni Other: _____

ITEM	QUANTITY	AMOUNT Minimum 10 purchase
Admission Tickets (includes 3D movie admission): \$19.26 each* 3D Movie Showtime: _____	x \$19.26 =	_____
Dining and Drink Tickets**(includes gratuity)		
Dining Tickets: \$12.84 each	x \$12.84 =	_____
Drink Tickets: \$9.72 each	x \$9.72 =	_____
	TOTAL:	

* Tickets are non-refundable. Changes to dates and/or movie showtimes are subject to a \$2 per ticket transfer fee and must be made prior to the start of the event.

** Dining and Drink tickets can be redeemed for a single item per ticket. Tickets are valid exclusively for your event date and are non-refundable. Additional tickets are available the night of the event at the ticketing counter.

TICKET DISTRIBUTION

Tickets must be presented for entrance into Fernbank After Dark. Tickets cannot be held at the Box Office for individuals of your group. Ticket distribution is the responsibility of the group organizer. Fernbank After Dark is a 21 and up event. All guests must be 21 or older and present a valid ID for entry.

I would like to pick up tickets on the night of my event.

I would like to pick up tickets to distribute prior to the night of my event. Preferred pick-up date: _____
Fernbank is not responsible for lost or misplaced tickets.

PAYMENT INFORMATION

Card Type: Visa MC AMEX Discover

CC #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Please email your completed form to Kendra.Moody@fernbankmuseum.org. An email with your confirmation number will be sent to you within 48 hours of receipt of fax request to confirm your order. Your credit card will be charged upon confirmation of this order. You will be contacted if we are unable to fulfill your request as submitted.

I have read and understand the Fernbank After Dark Group Policy.

Group Leader Signature: _____ Date: _____