



GROUP ORDER FORM

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

Contact Name/Group Leader: _____

Group Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

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

Visit Date: _____ Preferred Giant Screen Film Showtime: _____

Type of Group:

Corporate Social Young Professional Alumni Other Organization: _____

| Item | Quantity | Amount |
|---|------------------|--------|
| General Admission Tickets* at \$16.05 each | _____ x \$16.05= | _____ |
| Giant Screen Theater Tickets* at \$19.26 each | _____ x \$19.26= | _____ |
| Dining and Drink Tickets** | | |
| Dining Tickets at \$12.84 each*** | _____ x \$12.84= | _____ |
| Drink Tickets at \$8 each | _____ x \$8= | _____ |
| TOTAL: | | _____ |

* Pricing applies to groups of 10 or more. Giant Screen Theater tickets are non-refundable, however rain checks can be purchased on the event night prior to the movie for \$2 per ticket.
 ** Dining and Drink Tickets are available for groups of 10 or more. Tickets are used exclusively for your event date and are not refundable. Additional tickets are available event night at the ticketing counter. Tickets include gratuity.
 *** Dining Tickets are redeemable for any one menu item.

TICKET DISTRIBUTION

Tickets must be presented for entrance into Fernbank After Dark. Tickets cannot be held at will call for individuals within the group. Tickets are the responsibility of the organizer to distribute. Registration tables are available to groups who purchase drink tickets or dining tickets. **Fernbank After Dark** is a 21 and up event. All guests must be 21 or older and have a valid ID.

- I would like a registration table to hand out tickets on my event night.
- I would like to pick up tickets to distribute prior to my event night.
Fernbank is not responsible for lost or misplaced tickets.

PAYMENT INFORMATION

Charge to: VISA MC AMEX DISCOVER
 Account #: _____ Exp. Date: _____
 Name on Card: _____ Signature: _____

Please fax completed form to 404.929.6405. A fax 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 **Fernbank After Dark** Group Policy.

Group Leader's Signature: _____ Date: _____