|  |
| --- |
| CAMS 2013 Summer Outing to Six Flags Great Adventure & Safari Sign Up  |
| **Member’s Name:** |  |  |  |
|  **Last** | **First** | **M.I.** |
| **Mailing Address:** |  |  |
|  | **Street Address** | **Apartment/Unit #** |
|  |  |  |  |
|  | **City** | **State** | **ZIP Code** |
| **Phone:** | ( ) | **Cell Phone**  | ( ) |
| **Contact Email:** |  |
| **X** |  |
|  *Member’s Signature Date* |

**CAMS Member & Immediate Family Sign-Up**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Child’s Age** | **Admission Price***(Ages 2 & Under Free)* | **Amount Due** |
| **CAMS Member’s Full Name** |  |  | [ ]  $25 | $ |
| **Spouse/Partner’s Full Name** |  |  | [ ]  $25 | $ |
| **Child’s Full Name***(Ages 2 & Under Free)* |  |  | [ ]  $25 [ ]  $0 | $ |
| **Child’s Full Name***(Ages 2 & Under Free)* |  |  | [ ]  $25 [ ]  $0 | $ |
| **Child’s Full Name***(Ages 2 & Under Free)* |  |  | [ ]  $25 [ ]  $0 | $ |
| **Child’s Full Name***(Ages 2 & Under Free)* |  |  | [ ]  $25 [ ]  $0 | $ |
| **Child’s Full Name***(Ages 2 & Under Free)* |  |  | [ ]  $25 [ ]  $0 | $ |
|  |  |  | **SUBTOTAL** | **$**  |

**Non-Member Sign Up**

|  |  |  |  |
| --- | --- | --- | --- |
| **Guest’s Full Name** | **Child’s Age** | **Admission & Lunch Voucher Price***(Ages 2 & Under Free)* | **Amount Due** |
|  |  | [ ]  $60 [ ]  $0 | $ |
|  |  | [ ]  $60 [ ]  $0 | $ |
|  |  | [ ]  $60 [ ]  $0 | $ |
|  |  | [ ]  $60 [ ]  $0 | $ |
|  |  | **SUBTOTAL** | **$** |

**Parking Vouchers**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  I require Parking Vouchers | **# of Vouchers:\_\_\_\_\_\_\_***($12 per vehicle)* |  | **$**  |
| [ ]  I will pick up my tickets from the CAMS Office | **Free** |  | **$ 0.00** |
| [ ]  Please mail me my tickets (Tickets will be sent via Certified Mail) | **$5.00** |  | **$** |
|  | **Total Amount Enclosed:** |  | **$** |

**PAYMENT**

 [ ]  My payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed. *Please make your check out to: CAMS*

|  |  |  |
| --- | --- | --- |
| [ ]  Please charge $ |  | to my [ ]  Visa [ ]  Master Card [ ]  American Express [ ]  Discover Card |
| Name on Card: |  |
| Account Number: |  | Expiration Date (MO/YR): |  |
| Billing Zip Code: |  | Security Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature: |  | Date:  |  |