|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |