



ADVENTURE
aquarium®

Winter-Spring 2014 Scout Weekends

March 1 – 2

March 29 – 30

April 5 - 6

CONTACT INFORMATION: (please print clearly)

Organization Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax # _____

Email _____

DATE & TIME PREFERENCE:

Please circle preferred week:

March 1 - 2

March 29 - 30

April 5 - 6

Please circle arrival date:

Saturday

Sunday

Please circle arrival time:

10:00am

10:30am

11:30am

12:30pm

1:30pm

TICKET PURCHASE:

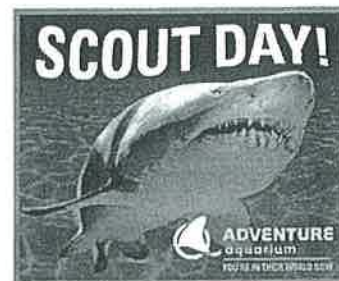
_____ Children @ \$11.77 = \$ _____

**guests under 2 are free*

_____ Adults @ \$11.77 = \$ _____

TOTAL = \$ _____

****prices above include 7% New Jersey Sales Tax**



OVER....



PAYMENT METHOD (Circle one):

By Check:

Please mail completed form and check (payable to "Adventure Aquarium") payments to the address at the bottom of the form.

By Credit Card:

Please complete form and fax, email or mail (contact info below) to the Group Sales Office. Upon receipt, a Group Reservationist will enter your reservation and call you to collect credit card payment information.

POLICIES:

All orders must be in **five (5) business days prior** to your requested visitation date. No orders will be taken over the phone.

The above admission rate applies to orders made in advance only. Walk-up customers will receive **general admission prices**.

Adventure Aquarium
Attn: Scout Weekends
1 Aquarium Drive
Camden, NJ 08103
Tel: 856-365-3300 Fax: 856-365-3311
groups@adventureaquarium.com

