



Application & Equipment Request

Your performance date, time and location must be scheduled by a Six Flags representative.

Date: _____ Time: _____ Location: _____

Ticket Shipping Address: *(Please provide a full street address (no P.O. Boxes).*

School/Organization: _____

Tour Company Y/N: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Cell Phone: _____

E-mail: _____

Equipment Needs:

Performance Type: _____ Apporximate # of Performers: _____

CD Player Y / N

Wired Microphones (max 4) QTY _____

Microphone Stands (max 4) QTY _____

Extension Cord Y / N

Power Strip Y / N

Chairs (max 20) QTY _____

Visit sixflags.com for
Ticket order forms
Medical and Publicity Release forms
and Guidelines
or contact
njspecialevents@sixflags.com

Please Note:

Six Flags reserves the right to terminate any performance for inappropriate conduct or subject matter during the performance.

Dressing rooms are not provided.

Please bring your own push cart(s) & music stands

Fax your deposit to:
(732)833-0116

OR

Mail to: Special Events Department
Six Flags Great Adventure
1 Six Flags Blvd
Jackson, NJ 08527

***For more information and a full
list of our special events
visit: sixflags.com,
email: njspecialevents@sixflags.com or
call: (732)928-2000 x2850***