



Animal Adventure Camp Program Payment Form

Camper #1 Name: _____ Age: _____
 Camper #2 Name: _____ Age: _____
 Camper #3 Name: _____ Age: _____
 Parent/Guardian Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ 2nd Phone: _____
 Fax: _____ Email: _____

2009 Camp Sessions
(Circle date of choice)

- | | |
|-----------------------|-------------------|
| Week 1—June 22-26 | Week 6—July 27-31 |
| Week 2—June 29-July 3 | Week 7—Aug 3-7 |
| Week 3—July 6-10 | Week 8—Aug 10-14 |
| Week 4—July 13-17 | Week 9—Aug 17-21 |
| Week 5—July 20-24 | Week 10—Aug 24-28 |

Fax your order to :
(732)928-7724 OR

Mail your order to :
Six Flags Advance Tickets
Animal Adventure Camp
PO Box 120; 1 Six Flags Blvd
Jackson, NJ 08527

Must register at least four weeks prior to camp week.

Registration:

Jeannie Golden
jgolden@sftp.com
732-928-2000 X2076

Camp Questions:

Animal Training
dperant@sftp.com
(732)928-2000 X2335

	Price	Qty	TOTAL
Animal Adventure Camp	\$299.99		

Payment: Check/Purchase Order #: _____ OR
 Charge: ___Amex ___Visa ___MC ___Disc
 Account #: _____ Exp. Date: _____
 Name as it appears on card: _____
 Signature: _____