



Six Flags®

OVER GEORGIA

2016 BIRTHDAYS GO BIGGER!

THE BIRTHDAY GUEST IS FREE!*

Birthday Party Packages Include:
Park Admission, Meal Voucher, Funnel Cake,
Ice Cream and Parking!
AND, the Birthday Guest is FREE!

ONLY
\$49.99*
PER PERSON

Six Flags®
**BIRTHDAY
CELEBRATION**

PRESENTED BY COLD STONE
CREAMERY

BIRTHDAY PARTY PACKAGE AVAILABLE ANY REGULAR OPERATING DAY!

BIRTHDAY EXPERTS ARE AVAILABLE FOR MORE INFORMATION!

CHECK SIXFLAGS.COM FOR DETAILS OR SIMPLY CALL 770.739.3418

*Minimum of 10 Birthday packages purchased. Two week advance purchased required.

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2016 SIX FLAGS OVER GEORGIA BIRTHDAY ORDER FORM

More information: 770.739.3418 | sixflags.com

PLEASE NOTE: THIS IS AN ORDER FORM, NOT A RESERVATION HOLD REQUEST

To Qualify: Birthday orders must be received and pre-paid two weeks in advance. There are no exceptions! Each Birthday requires a minimum of 10 tickets ordered (not including the FREE Birthday guest). Space is limited! Orders are taken on a first come first serve basis.

To Order: Please fill in your information below. Please be exact when ordering your tickets. There are NO refunds or rain checks on prepaid packages. Again, the minimum order is 10 tickets or more. Children 2 years and under are FREE! All prices include 6% tax rate.

Ticket Type	Value Price	Quantity	TOTAL
Six Flags Over Georgia Birthday Package Free Parking; 10 ticket order minimum (Not including Birthday guest)	\$49.99		\$
Meal Voucher Redeemable at select locations for select items	\$12.50		\$
Birthday Guest Package 1 Admission, Meal Voucher, Funnel Cake and Ice Cream	FREE		\$0.00
		Processing Fee	\$12.00
		TOTAL	\$

ORDERS WITHOUT FULL PAYMENT WILL NOT BE ACCEPTED AND WILL BE DISCARDED WITHOUT PRIOR NOTIFICATION TO SENDER.

Tell Us About You: Please fill in all the information below about your group. (ALL fields required)

Date of Visit: _____ Birthday Name: _____

TICKETS WILL ONLY BE VALID ON THE DATE WRITTEN IN THIS ABOVE SPACE

Group Leader: _____ Email Address: _____

Ticket Mailing Address: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

Address of Financially Responsible: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

OFFICE USE ONLY: Customer # _____ Order # _____ New/Renew _____ PY _____

Please charge: AMEX MasterCard Visa Discover

Account Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Name on Card: _____

OR, Enclosed please find Check# _____ Amount \$ _____

Mail Orders: Six Flags Over Georgia, ATTN: Birthday HQ, 275 Riverside Pkwy, Austell, GA 30168

Fax Orders: 770-739-3402 ATTN: Birthday HQ

For Operating Hours & Dates visit sixflags.com