

THE BIRTHDAY GUEST IS FREE!*

Birthday Parties start daily at 2PM Space is limited and all birthday guests mix-in together All Birthday Party Packages include: Free Admission and Meal for the Birthday Guest! All-You-Can-Eat Meal in *Bugs Bunny's* Carrot Club!



MEAL INCLUDES:

- Pizza
- Breadsticks
- Coca-Cola Products
- Cupcakes & Ice Cream



All Day Fun at Six Flags! All you can eat meal! Free Parking!

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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2014 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. Sorry, 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 served 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 admission, meal voucher, or parking ticket orders. 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)	\$42.99		\$
Meal Voucher Redeemable at select locations for select items	\$11.50		\$
Free Birthday Admission Ticket 1 FREE Admission and Meal per Birthday Guest			\$0.00
Processing Fee		\$12.00	
ORDERS WITHOUT FULL PAYMENT WILL NOT BE ACC WILL BE DISCARDED WITHOUT PRIOR NOTIFICATION		TOTAL	\$

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

Group Leader:	Email Address:					
Ticket Mailing Address:						
City:	State:	Zip:	Day Phone:			
Address of Financially Responsi	ole:					
City:	State:	Zip:	Day Phone:			
OFFICE USE ONLY: Customer #		Order #				
Please charge: AMEX	MasterCard	Visa D				
Account Number:		E	xp. Date:	Security Code:_		
Signature:		Name on (Card:			
OR, Enclosed please find Check#		Amount \$				

For Operating Hours & Dates visit sixflags.com