

THE EMPLOYEE NETWORK
136 W Orion St. D-9
Tempe, AZ 85283

Prices are subject to change without notice. Rev. 7/12/10
Phone 480-768-0837 / Fax 480-413-1963
Call Toll-free 1-888-768-0837

Employees Name: _____ Company Name: _____

Credit Card Billing Address: _____

City and State: _____ Zip Code: _____ Phone: (____) _____

Receive Our Weekly Newsletter by Signing Up Here: E-Mail Address _____

Date Ordered: ____/____/____ Date of Travel: ____/____/____ **Mail__ Pickup__

****If you wish for the tickets/gift certificates to be mailed please sign directly below indicating you understand The Employee Network is not responsible for errors or time delays of the U.S. Postal Service and that we will mail tickets at your own risk. \$0.50 shipping and handling charge will be applied to your final mail-order total.**

Signature Mailing Address if different: _____
City & State: _____ Zip: _____

Knott's Berry Farm Tickets

Adult: Quantity _____ Price \$29.99 each Total \$ _____

Child: Quantity _____ Price \$21.99 each Total \$ _____ Ages 3-11

Lego Land Tickets

Second Day Free: Quantity _____ Price \$51.00 each Total \$ _____ Ages 3 and UP

LegoLand Triple Play Ticket: Quantity _____ Price \$64.00 each Total \$ _____ Ages 3 and UP

San Diego Deluxe Zoo Tickets (Includes SkyFari Ride/Bus Tour)

Adult: Quantity _____ Price \$32.00 each Total \$ _____

Child: Quantity _____ Price \$22.00 each Total \$ _____ Ages 3-11

San Diego Wild Animal Park Tickets (Includes Wgasa Bushline Railway)

Adult: Quantity _____ Price \$32.00 each Total \$ _____

Child: Quantity _____ Price \$22.00 each Total \$ _____ Ages 3-11

SEALIFE Aquarium Arizona

Adult: Quantity _____ Price \$11.00 each Total \$ _____ Ages 13+

Child: Quantity _____ Price \$9.75 each Total \$ _____ Ages 3-12

Six Flags Magic Mountain

Adult: Quantity _____ Price \$25.99 each Total \$ _____

Child: Quantity _____ Price \$15.50 each Total \$ _____ Under 48 inches

Other

Certificate Description _____ Quantity _____ Price \$ _____ each Total \$ _____

Certificate Description _____ Quantity _____ Price \$ _____ each Total \$ _____

If mailed, a \$0.50 shipping & handling charge will be applied to your Grand Total.

GRAND TOTAL \$ _____

PAYMENT METHOD:

CREDIT CARD TYPE: (VISA__ MC__ AMEX__ DIS__)

NAME AS IT APPEARS ON CARD: _____

CARD NUMBER: _____ EXPIRATION DATE: ____/____/____

SIGNATURE: _____ CVV # _____ (3 digit or 4 digit AMEX)

PLEASE PRINT FORM AND FAX TO 480-413-1963 ALONG WITH COPY OF COMPANY ID