

Featuring Over 75



Rides Slides & Attractions!

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Fax ~ (814) 835-7435  
WALDAMEER PARK, INC. ~ BOX 8308 ~ ERIE, PA 16505

## **-- 2012 CONSIGNMENT SALES FORM --**

Please check and fill in the form below where necessary. **Waldameer's Consignment Combo Pass Tickets (Consignment Tickets) are available to your Organization by simply faxing or mailing this form back to us!** It's that easy to provide your employees / members with a cost-free fun-filled benefit.

**ORGANIZATION:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **NUMBER OF EMPLOYEES / MEMBERS:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

YES! I would like to order the following number of tickets: \_\_\_\_\_

### ***Minimum Order – 15 Ticket Purchase Requirement***

Do You Desire Brochures: YES \_\_\_\_\_ NO \_\_\_\_\_ Posters: YES \_\_\_\_\_ NO \_\_\_\_\_

### **CONSIGNMENT AGREEMENT:**

We understand that these Tickets are distributed to our organization on a consignment basis and we must purchase a minimum of fifteen (15) tickets. The cost is **\$21.50 per Consignment Combo Pass Ticket** (regular retail price is \$26.50).

**~ A SAVINGS OF \$5.00 PER COMBO PASS ~**

**This is the only individual Pass that is discounted for any day the Park is open – there are no BLACKOUT Dates!**

Your initial order of Consignment Tickets will arrive via mail in mid-spring (usually late April / early May). We understand that the reorder of Passes will require 50% payment of our previous order. Please allow sufficient time to receive re-orders via mail.

We agree to **Payment In Full** for all tickets not returned to Waldameer, or the 15-ticket requirement (whichever is greater). We agree to **return any unused tickets** back to Waldameer. **Payment & returned tickets to Waldameer must be done by Friday, September 14<sup>th</sup>, 2012.** The following signature confirms my request for Waldameer Consignment Tickets and that I am authorized to sign on behalf of my organization / company.

\_\_\_\_\_  
*Authorizing Signature & Title*

\_\_\_\_\_  
*Date*

**FAX FORM TO (814) 835-7435**

*You will be contacted to verify that your form has been received. Thank You!*