

Group Name	Date of Visit (tickets are date-specific)	Email Address	
Mailing Address ( <b>No PO Boxes</b> )	City	State	Zip
Contact Person	Phone Number	Fax Number	

**SeaWorld Orlando Group Admission**

		Without Tax	With Tax	Quantity	Total
Group Admission	All Ages	\$ 73.99	\$ 78.80		

**SeaWorld Orlando Group Admission with Dining**

**One Time Dining:** One entrée and one regular sized beverage at select restaurants\*. | **All Day Dining:** Unlimited dining, up to one entrée platter, one side item or one dessert, and one regular beverage each time through the line at select restaurants\*

		Without Tax	With Tax	Quantity	Total
Group Admission Plus One-Time Dining	Ages 3 and older	\$ 81.99	\$ 87.32		
Group Admission Plus All Day Dining - Adult	Ages 10 and older	\$ 99.99	\$ 106.49		
Group Admission Plus All Day Dining - Child	Kid's entrees only Ages 3 - 9	\$ 85.99	\$ 91.58		

Shipping and Handling (Mail-Out only) \$                      **\$10 for domestic shipping/ \$16 for international shipping**  
**Order Total** \$                     

**PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR TICKETS:**

(select one option)

**OPTION 1: Front Gate Pay and Pick Up**

- Order form must be received by Group Sales at least 5 days prior to the group's visit
- Pick up (and pay for) tickets at the park on the day of the group's visit.
- If your group is Florida tax-exempt, you must include a copy of the Florida Consumer's Certificate of Exemption
- We cannot accept personal checks

**OPTION 2: Advance Mail Out**

- Order Form and payment must be received by Group Sales at least 2 weeks prior to date of visit.
- Must include \$10 shipping and handling (\$16 for international orders)
- If your group is Florida tax-exempt, you must include a copy of the Florida Consumer's Certificate of Exemption
- We cannot accept personal checks

**If paying by check, please send payment and order form to:**

SeaWorld Parks and Entertainment  
 Attn: Group Sales  
 6817 Westwood Blvd.  
 Orlando, FL 32821

**If paying by credit card, please complete attached credit card authorization and fax it with the order form to:**

(407) 370-1497

**OPTION 3: Advance Pick Up**

- Order form must be received by Group Sales at least 5 days prior to the group's visit
- Tickets can be picked up in advance of your group's visit at SeaWorld Ticket Services (off-site location)
- Indicate pick up date
- If your group is Florida tax-exempt, you must include a copy of the Florida Consumer's Certificate of Exemption
- We cannot accept personal checks

SeaWorld Ticket Services  
 6817 Westwood Blvd  
 Orlando, FL 32821

Monday - Friday\*

8:30am - 4:00pm

\*Excluding Holidays

**Group Sales Telephone: (407) 965-3251 | Email: SWOBGTGroupSales@SeaWorld.com | Fax: (407) 370-1497**

Tickets purchased on this form are NON-TRANSFERABLE and are SUBJECT TO ADMISSION RESTRICTIONS. Tickets may only be used by group members entering as part of a group. Purchaser's right to purchase group tickets will be suspended if unauthorized use or resale of tickets occurs. All group tickets are date specific. Meal Vouchers are non-refundable and non-transferable. Prices and hours are subject to change at any time without prior notice. \*Documentation/Certification of company or organization may be required (i.e. Occupational license, Federal Tax ID # and all request must be made on company/ organizational letterhead). Unsold/unused tickets can be returned via a traceable method (FedEx, UPS, Certified U.S. Mail, etc.) and we will refund the purchase price. Restrictions apply. Admission and meal vouchers must be returned in equal quantities. Returned tickets must not reduce your order below the minimum number of tickets required to receive the purchase price. No ticket refunds will be processed beyond 30 days of expiration date printed on tickets.



## Mail-Out Order Credit Card Authorization

Complete and return with order form. **For mail-out orders only.**

Please allow 10 business days for processing and delivery.

### **NOT VALID FOR FRONT GATE PICK UP**

Please do not send this order form if your group is picking up tickets from the Front Gate. Payment for Front Gate pick up is required upon arrival.

I, \_\_\_\_\_ authorize SeaWorld Parks and Entertainment  
(SIGNATURE)

to charge my credit card in the amount of \$ \_\_\_\_\_ plus a \$10.00 shipping fee.  
(\$16 for international shipping)

CREDIT CARD #

\_\_\_\_\_

EXPIRATION DATE

\_\_\_\_\_

CID #

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

BILLING ADDRESS

\_\_\_\_\_

PHONE

\_\_\_\_\_

TICKET QUANTITY

\_\_\_\_\_

GROUP NAME

\_\_\_\_\_

CONFIRMATION #

\_\_\_\_\_

(Leave blank if unknown)

### **PLEASE PROVIDE A COPY OF THE FRONT OF YOUR CREDIT CARD**

**Fax to 407-370-1497 (the Group Sales Department)**

**(Please do not email credit card information)**

Phone (407) 965-3251

6817 Westwood Blvd.

Orlando, FL 32821



# SeaWorld Parks and Entertainment Ticket Return Form



Please send tickets to:

SeaWorld Parks and Entertainment

Attn: Group Sales

6817 Westwood Blvd.

Orlando, FL 32821

(407) 965-3251

How many tickets are you returning?

Adult (10 and older) \_\_\_\_\_

Child (3 - 9) \_\_\_\_\_

Youth (3 - grade 12) \_\_\_\_\_

Chaperone \_\_\_\_\_

Complimentary Chaperone \_\_\_\_\_

**Total** \_\_\_\_\_

How many dining vouchers are you returning?

One-Time Dining \_\_\_\_\_

All Day Dining (Adult) \_\_\_\_\_

All Day Dining (Child) \_\_\_\_\_

**Total** \_\_\_\_\_

**REFUND POLICY:** When tickets expire, return any unused tickets via a traceable method (FedEx, UPS, Certified US Mail, etc.) along with a Ticket Return form, and we will refund the purchase price. **No ticket refunds will be processed beyond 30 days of expiration date printed on tickets. If the quantity of tickets returned drops your original order below the group minimum you may not qualify for a full refund.** No exchanges accepted. Please allow 6-8 weeks for a refund. SeaWorld Parks and Entertainment is not responsible for lost or stolen tickets. **Refunds will be issued to original purchaser only.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please type or print clearly)

School/ Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Which method of payment was used for the purchase? Check \_\_\_\_\_ Credit Card \_\_\_\_\_  
(Select one) Last 4 digits of the credit card used \_\_\_\_\_

## Office Use Only

Customer Number: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
Ticket Type: \_\_\_\_\_  
Outstanding: \_\_\_\_\_  
Ticket Numbers: \_\_\_\_\_

Value: \_\_\_\_\_  
Refund Amount: \_\_\_\_\_  
Date Sent: \_\_\_\_\_  
Notes: \_\_\_\_\_