

Riverview Hospital Kids Day at Witter Field Registration Form

Company or Group Name: _____

First Name: _____ Last Name: _____ Address: _____

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

Fax: _____ Email: _____

General Admission Tickets Only (All Inclusive) for July 13th, 2010

_____ person(s) @ \$8.00 = _____

Signature: _____

Total Purchase \$ _____

- A 50% deposit is needed upon receipt of this form to confirm reservation. Final billing amount will be determined once a final number of attendees are confirmed.

Notes: _____

Payment terms: Cash
Check
Credit Card (Visa, MC, AmEx, Discover)

Credit Card #: _____ Exp: _____

Tickets:

May be picked up at Will Call day of event

May be picked up in person anytime during Ticket Office hours

May be mailed out with a \$1.50 charge per order

****Tickets for your group will not be available until full payment is made. Final number of guests and payments are due two weeks prior to the event.**

****1 Free Adult will be admitted for every 10 children they bring out.**

****Please feel free to contact the Wisconsin Rapids Rafters Office with any questions!**