



2010 CAMPOREE ORDER FORM

Please Type or Print clearly

Group Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone (daytime): _____ (Evening): _____
Group Leader: _____ Fax: _____
Title: _____ Alternate Contact: _____
Email Address: _____ Date of Trip: (Please Circle) June 5-6 or June 12-13

Please complete Registration form and mail with payment to the address below. All tickets must be pre-purchased and cannot be added the day of your visit. Please note there are no refunds or rainchecks. Event is held Rain or Shine. Space is limited and is on a first come first served basis. All registration forms received after capacity is met will be placed on a waiting list. If space does become available, you will be notified.

Camporee # of Tix _____ \$100 Total: _____
Pay By May 1, 2010

Camporee # of Tix _____ \$110 Total: _____
Pay After May 1, 2010

Grand Total: _____
My Payment is enclosed (no personal checks)

Please return this order form to:

Six Flags New England
Group Sales Department/Camporee
P.O. Box 307
Agawam, MA 01001

or FAX (413) 821-2402

or EMAIL
SFNEspecialevents@sixflags.com

Ck # _____ Amount: \$ _____

Please Charge: Visa Master Card AMEX Discover

Account #: _____ Exp. ____/____

Name on Card: _____

Auth Signature: _____