

Adventure Aquarium  
1 Aquarium Drive  
Camden, NJ 08103  
p – 856-365-3300  
f – 856-365-3311  
www.AdventureAquarium.com



## AQUAPASS AGREEMENT

### CONTACT INFORMATION:

Company/Organization \_\_\_\_\_

Contact \_\_\_\_\_ Title/Dept. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### TICKETS (Minimum order – 20 tickets):

<u>Quantity</u>	<u>Type</u>	<u>Price</u>	<u>Total</u>
_____	Adult	\$15.00	\$ _____
_____	Child (2-12) <i>*guests under 2 are free</i>	\$11.50	\$ _____
_____	7% NJ State Tax		\$ _____
_____	<b>TOTAL</b>		\$ _____

### PAYMENT:

Make Check/Money Order payable to **Adventure Aquarium**

Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

\_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

**Orders must be placed in advance of your expected visit. All sales are final, and no tickets may be returned for refund or exchange. For more information on the AquaPass, please visit [www.AventureAuarium.com](http://www.AventureAuarium.com) or call 800-616-JAWS.**

\_\_\_\_\_ Signature, Purchaser \_\_\_\_\_ Date \_\_\_\_\_ Signature, Adventure Aquarium \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_