

Number of Guests _____ x \$100.00 = _____ Total

Enclosed is my check made payable to:

"New Jersey Amusement Association" in the amount of \$ _____

Please charge to my Credit Card:

Visa Mastercard American Express Discover

Name of Card Holder: _____

E-Mail: _____

Card Number #: _____ Security Code _____

Expiration Date: _____ Signature: _____

*Your tickets will be provided upon arrival.
Please complete information on reverse side.*

Please respond by Friday, April 30, 2010

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Guests

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____