



# SEA Form 2020

New [ ] Rebook [ ]

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Event Date: \_\_\_\_\_ Park Location: \_\_\_\_\_ **Must Purchase 15-49 tickets for group rate**

Item	Price	Quantity	Total		
Group Package			\$		
Unlimited Drink	\$6		\$		
Sweet Treat	\$3		\$		
<b>Group Total (Pre-Tax)</b>			<b>\$</b>	<b>Total (Tax)</b>	<b>\$</b>

**\$17.99-** admission only

**\$25.99-** admission, hotdog, chips and a drink

**\$31.99-** admission, hamburger or hotdog, chips and unlimited drinks

For questions email Christy Myers – [cmyers@hfallswaterpark.com](mailto:cmyers@hfallswaterpark.com)

\_\_\_\_\_  
Group Representative Signature

\_\_\_\_\_  
Date

**Hawaiian Falls**  
**Credit Card Authorization**  
4400 Paige Road  
The Colony, TX 75056



Sign and complete this form to authorize Colony Hawaiian Falls Holdings to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I, \_\_\_\_\_, hereby authorize Hawaiian Falls to charge my credit card listed below for \$\_\_\_\_\_ on \_\_\_\_\_ (date).

- \_\_\_\_\_ Visa
- \_\_\_\_\_ Mastercard
- \_\_\_\_\_ Discover
- \_\_\_\_\_ American Express

Group or Business Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (CVV): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_