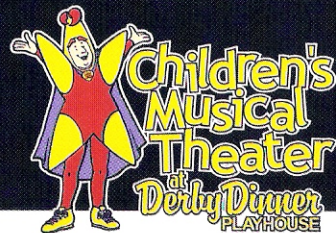


# Count Me In!



Name \_\_\_\_\_

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

Phone# (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

Season Tickets    Pick Breakfast or Lunch

Number of Adult Breakfast Tickets:	_____	x \$56.00	= \$
Number of Child Breakfast Tickets:	_____	x \$28.00	= \$
Number of Adult Lunch Tickets:	_____	x \$76.00	= \$
Number of Child Lunch Tickets:	_____	x \$38.00	= \$

Week

1

2

3

4



Mail completed order form to:  
525 Marriott Drive  
Clarksville, IN 47129

Check Enclosed     Gift Certificate

Mastercard         Visa

AmEx                     Discover

Account# \_\_\_\_\_

Exp. \_\_\_\_\_

Signature \_\_\_\_\_

\* Season ticket child prices limited to 3 children per adult. **A \$1.00 handling fee will be added to all orders.**