2019 GROUP SALES ORDER FORM

September 27 – October 6, 2019 www.StateFairVA.org

ORDER DEADLINE: SEPTEMBER 13, 2019

Contact Name:

STATE*FAIR.
OF VIRGINIA

Company Name:								
Address:								
City:	State:	Zip: _			_			
Phone:Email:								
PURCHASE TYPE		QUANTITY	PRICE		TOTAL \$			
ADULT (ages 13-59) ADMISSION 7		Х		=	1017124			
*minimum purchase of 50 tickets, or in combination w/ oth (Admission tickets include entertainment, exhibits and competit additional fee. Children 4 and under admitted free	er minimum ticket purchase ions. Amusement rides are an							
CHILD (ages 5-12) & SENIOR (ages 60+) ADM	ISSION TICKETS	х	\$7.00	=				
*minimum purchase of 50 tickets, or in combination w/ oth (Admission tickets include entertainment, exhibits and competing additional fee. Children 4 and under admitted free	ions. Amusement rides are an							
UNLIMITED RIDE WRISTBAND VOU	CHER (all ages)	х	\$20.00	=				
*minimum purchase of 20 vouchers, in combination w/ oth (Ride wristband vouchers do not include admission. Ride wristday, one day only. All riders of all ages must have a wristb	tbands valid for one rider, all							
\$5.00 MEAL VOUCHER		х	\$5.00	=				
*no minimum or maximum purchase no (\$5 face value per voucher. Valid for food & non-alcoholic vendors. Vouchers are not redeemable f	beverages at participating							
PREMIUM PARKING PASS VOL	JCHER**	х	\$15.00	=				
*minimum purchase of 5 vouchers; maximum purc (Asphalt parking lot, close to the action via Gate 2, behind			·					
**Premium Par	king - preferred date(s):			1 1				
HOSPITALITY AREA**		Х	\$250.00	=				
*4-hour rental available between 10 a.m. (Tented grass/boxwoods area, located front lawn of Meac options available at additional cost; not required for u	low Hall/Mansion. Catering							
**Hospitality A	rea – preferred date(s):		1					
**Hospitality Area –	preferred time/hour(s):							
**Hospitality Area – check box f	or catering information:				ring options			
	GRAN	D TOTAL	= \$					

METHOD OF PAYM	<u>IENT:</u>							
Credit Card – MasterC	Card, Visa, Disco	ver						
Credit Card #:		Exp. Date (MM/YY):						
Cardholder Name:			CID	/CVS:	_ Billing Zip Code:			
Authorized Signature:								
Print Signed Name:								
Corporate/Cashier's C	heck - Check#		Date of C	Check:		_		
SHIPPING INSTRU	CTIONS:							
E-tickets/Print with pri	nter	Hold for Pick-Up	/Will Call	Ship/Ma	ail, additional fee required			
EMAIL/MAIL - SHIPPING A	DDRESS	Same as above of	on order form	Differer	nt Shipping Address, fill in	below		
Physical address required, r	no P.O. Boxes. A	all orders shipped v	vith a tracking n	number. Signat	ure required at time of de	livery.		
Business/Organization Na	me:							
Contact Name:								
Email Address:								
Address:								
City:								
SUBMIT ORDERS	AND/OR P	AYMENT TO	<u>:</u>					
MAIL: Group Sales c/o Stacy	Davis, State Fair	of Virginia, 13191 Da	awn Blvd., Doswe	ell, VA 23047				
PHONE : (804) 994-2891	FAX: (804) 99) 994-2927 EMAIL: groupsales@statefairva.org						
Admission includes exhibits, for cash; not valid for alcoentertainment and concerts and/or tickets obtained throuor knives allowed at the ever	ohol and are no subject to chang igh sources not	ot valid in Midway ge or cancellation approved by the St	/Kidway. Parkir without notice. ate Fair of Virgi	ng is free. Pri Not responsib nia. No rain ch	ces, policies, programs, le for lost, stolen, mispla ecks. No refunds. No wea	schedules ced ticket pons, gun		
THANK YOU FO					HE FAIR! 			
OFFICE USE ONLY (circle								
Order #(s)								
Date	Signature _							