20	22					
Group Registration						



Reference #	
Event	

Date:

SHREVEPORT, LA

Groups must pre-register at least 1 day in advance and pay a 50% deposit of the estimated total. Please complete the following information and email or mail to Splash Kingdom Waterpark in Shreveport, LA.

For every 30 Group Admission purchased	5 \$16.95 per person, plus tax , you will receive one	\$15.95	\$14.95	Estii	Estimated Group Size:		
Each guest entering the park must have a	ticket.						
Group Contact Information							
Group Name:							
Group Leader/Contact Name:							
Mailing Address:			City:		Zip Code	*	
Phone Number:	Cell Ph	one:		Fax:			
Email:	•						
	Outside food and bever	age must abide b	y Cooler Policy.				
	Mea	Vouchers					
Unlimited Drink Wr Requirements and Policies: A 50% deposit (based on estimated cost) is due of Balance due will be paid upon check-in. The depo (14) prior to the event; and non-refundable less the Inclement Weather: In the event of inclement w reschedule the event or provide a full refund of th prior to scheduled closing time, tickets will be rea Chaperone Tickets: For every 30 Group tickets	sit is fully refundable thre in 14 days prior to the ev eather not allowing the p e amount paid. If incleme ctivated for use any time purchased, Splash Kingo	de. Final cost will b de. Galactic cost will b ee (3) weeks prior t ent. park to open, Splas ent weather cause during the curren dom will provide or	mted fountain drink e determined upon yo o the event; 50% refun sh Kingdom will work w es the park to close mo t operating season. he (1) FREE chaperone	ur groups o dable fourt ith your gro re than two ticket.	een days oup to	ction for office use only.	
Each guest wishing to enter t Number of Guests:	= \$ = \$ = \$ = \$ DST = \$ nption form is provided. nd ALL pricing, procedures, nd conditions including dep / I also authorize Splash Kir	Spla: PO B Shre P: 31 E: inf and policies for posit, refund, and	sh Kingdom Waterpa ox 29009 veport, LA 71149 8.938.5475 ō@splashkingdomv	ark	com		Date Deposit Received: Received By: Date Entered:
Signature:		_Date:					
Payment Type: Cash Visa Mast		r					
C/C:		o. Date	CVV Code_				

Deposit \$_____ Date _____ Estimated Amount Due \$_____ + Tax