

2019 GROUP SALES ORDER FORM



Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you a returning group sales customer? Y/N _____ Is your group arriving on a bus? Y/N _____

Are you a vendor at the Fair? Y/N _____

MUST PURCHASE 50 OR MORE TICKETS. PRICING IS BASED ON THE MONTH THE PAYMENT IS RECEIVED.

TYPE	QUANTITY		PRICE		TOTAL
Admission Tickets (April 1 – May 15)		x	\$6.00	=	
Admission Tickets (May 16 – June 30)		x	\$7.00	=	
Admission Tickets (July 1 – July 26)		x	\$8.00	=	
40 SpinCity Ticket Sheet Voucher		x	\$22.00	=	
SpinCity GoRide Wristband Voucher		x	\$40.00	=	
1 Single Cream Puff Voucher		x	\$4.00	=	
3-Pack Cream Puff Voucher		x	\$11.00	=	
6-Pack Cream Puff Voucher		x	\$17.00	=	
Giant Slide Ticket		x	\$2.50	=	
Bargain Book Voucher		x	\$4.00	=	
SkyGlider Ticket (one-way)		x	\$4.00	=	
Fair Bucks Voucher		x	\$5.00	=	
WonderFair Wheel Ticket		x	\$5.00	=	
Parking Voucher		x	\$12.00	=	
Preferred Parking Voucher		x	\$25.00	=	
Dates:					
Ship Order via UPS (Pick-Up at Ticket Office is Free)			\$8.00		
GRAND TOTAL				=	\$

METHOD OF PAYMENT: ☐ Credit Card ☐ Check (Payable to WI State Fair)

Credit Card #: _____ Expiration: _____

Cardholder Name: _____ Security Code: _____

MAIL ORDER FORM AND/OR PAYMENT TO: Wisconsin State Fair Attn: Group Sales Dept. 640 S. 84th St. West Allis, WI 53214

EMAIL ORDER FORM TO: groupsales@wistatefair.com

PHONE: (414) 266-7028