

## Staff Activities Theme Park Tickets Order Form

To purchase tickets, you **MUST** complete the Payroll Deduction section below and fax your order to the selected gift shop, **please allow 3 business days to fill your order**. You will be notified as to when your tickets will be ready to be picked up. Please remember to bring a picture ID with you when picking up tickets. If you have any questions, please feel free to call Staff Activities at 573-5464.

**Coral Tree Gift Shop CCH**    **Bright Ideas LMH**    **Bright Ideas HP**    **Hearts & Hands GCMC\***  
 Fax: (239) 772-6605                      Fax: (239) 332-6455                      Fax: (239) 432-4968                      Ph: 343-0106 or 0107

### **Important Information:**

- Disney Tickets are Florida Resident Rates and are from AAA. Rates are subject to change based on gate prices and AAA discount. Upon arrival at any Disney Theme park, proper Florida Identification is required to enter. SunSplash tickets are at a special rate for LMHS employees.
- Tickets for Orlando attractions can also be purchased from AAA but pricing may vary from price on this form.
- Tickets **CANNOT** be purchased by check and **MUST** be paid for by Payroll Deduction when purchased through Staff Activities.
- \*Tickets ordered through the GCMC Hearts & Hands Gift Shop, please return your completed order form directly to the gift shop for processing (**3 business days still applies**)

Theme Park	Ticket Number	Adult Price	# Adult Tickets	Child Price and Ages	# Child Tickets	Total Line Cost
Naples Zoo		\$16.95		\$9.95 (ages 3-13)		
Busch Gardens		\$53.00		\$53.00 (ages 3-9)		
Disney 1-day/1-park FL Resident		\$71.55		\$60.10 (ages 3-9)		
Sea World		\$55.00		\$55.00 (ages 3-9)		
Universal/Islands of Adventure 1-day/1 park		\$63.55		\$63.55		
SunSplash Family Waterpark		\$7.95		\$7.95		
Aquatica (NEW!)		\$44.95		\$38.95 (ages 3-9)		

**Ticket Total:** \_\_\_\_\_

### **Authorization for Payroll Deduction**

As employee # \_\_\_\_\_ of Lee Memorial health System, I authorize the sum of \$\_\_\_\_\_ to be deducted from my paycheck each pay period until the sum total of \$\_\_\_\_\_ is reached (Maximum of 4 paychecks). I agree and acknowledge that any agreement regarding payment for the event is solely between the event organizer and me. Any financial responsibility for the event remains solely with me. Neither LMHS nor the Staff Activities Committee bears any financial responsibility for the event.

Employee Name (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Email Address\* \_\_\_\_\_

(\*Where you can be reached for notification that your tickets are ready or for any questions.)