



# Member Ticket Program Authorization Form

Date: \_\_\_\_\_

To: Virginia Recreation and Park Society

From: \_\_\_\_\_  
(Director or person in comparable position)

\_\_\_\_\_  
(VRPS Member Agency)

Re: VRPS discount theme park tickets for the 2017 season.

I, \_\_\_\_\_ agree to be responsible for the following:  
(Director or person in comparable position)

- all ticket transactions, including ordering, receiving, and selling tickets
- prompt monthly payments for both tickets sold and shipping invoices
- returning all unsold tickets to VRPS by each ticket program's closing date

The Agency ticket contact person is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Contact Name Phone #/ext. Email address

\*Please notify VRPS if contact changes during the course of the program.

- Initial ticket orders must be reasonably based on previous year's sales.
- Subsequent orders will be filled pending consistent monthly payments for balances due.
- Certified/cashier's/agency checks or money order accepted – no personal checks.
- Credit card payments will incur an additional 5% credit card charge.
- Invoice number and VRPS payment forms must accompany payments.
- Tickets returned after program closing date risk loss of credit to account balance.
- Agency's membership must be valid during the entire course of the 2017 ticket program.

If these requirements are not met by the Agency, VRPS reserves the right to void ticket program privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Director)

Please complete the following (to be used for marketing purposes):

We provide direct sales to the general public at this/these locations (please provide location names, addresses, phones):

Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_ Location 4: \_\_\_\_\_

We do not provide direct sales to the general public.