



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 2019 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 2019 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.