



TICKET ORDER FORM

Please Note: Tickets are valid on one day from 5/23-27/2019

Purchase Price of 2019 Tickets Purchased at Kings Island Gate are \$70.00 each

One dollar of every ticket purchased via the tournament will go directly to Kids2Camp!

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____

Email Address: _____

Organization: _____

(9 or less Tickets) _____ x \$39 = _____
of tickets

(10+ Tickets) _____ x \$34 = _____
of tickets

Full Payment must be included with ticket order form

I would like to have my tickets (Check one)

- Sent Standard mail to the address above
- Ready for pick up at a host tournament during the event weekend
- Other _____

Kings Island park admission tickets are good for one admission on one day from 5/23-27/2019. Tickets will be sent standard mail or will be available for pickup at a central tournament location during tournament hours. Only a limited number of tickets will be available to purchased on-site during the Tournament. Please contact Megan at msmith@procamps.com or (513)505-5192 with any questions.

Payment Options:

1) Mail completed order form and full payment (cash, check* or money order) to:

ProConsulting

ATTN: Kings Island Tickets
4600 McAuley Pl, 4th Floor
Cincinnati, OH 45242

*Checks should be made payable to ProConsulting

2) Email completed Ticket Order Form and completed Credit Card Authorization Form to:

msmith@procamps.com. Please note, a 3.95% surcharge will be added to all payments made via credit card.



Ticket Order

Credit Card Authorization Form

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Internal Use Only:

Date Received: _____

Date Card Charged: _____

Amount Charged:

_____ (ticket total) + _____ (3.95% surcharge) = _____

Charged By: _____