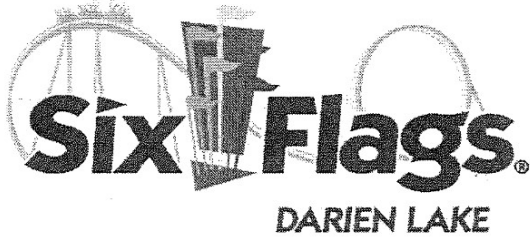


Employee ID #: _____

MY BETTER BENEFITS



2020 Season Pass

PASSHOLDER INFORMATION (Please Print)

Please complete the following information below for processing.

Pass Holder Name (1) _____ Birthdate _____ **New or Renew**

Pass Holder Name (2) _____ Birthdate _____ **New or Renew**

Pass Holder Name (3) _____ Birthdate _____ **New or Renew**

Pass Holder Name (4) _____ Birthdate _____ **New or Renew**

MAILING INFORMATION (Please Print)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number () _____

PAYMENT INFORMATION

	PRICE	NYS TAX	PRICE PER PASS	# OF PASSES	TOTAL
<i>Season Long Parking</i>	N/A	N/A	FREE		\$
SINGLE PASS	\$59.99	\$1.20	\$61.19*		\$
<i>Pricing does not apply to previously purchased passes. Children age 2 and under are FREE</i>				TOTAL AMOUNT	\$

PAYMENT OPTIONS: (Check One)

- Check or money order enclosed - \$15.00 fee will be charged for non-sufficient funds.
- Make checks payable to: Darien Lake Theme Park Resort
PO Box 91, Darien Center, NY 14040
- Credit Card - (Please check one) AMEX MasterCard
 Visa Discover

Card # _____ Exp. Date _____ Security _____