

# 2019 Good Any Day Order Form

Visits are available between 9:00am and 5:00pm, Tuesday-Sunday.  
Open on Mondays in July and August.



Town/Org \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

(required)

Ticket sales may begin as soon as you receive tickets. All unused tickets must be returned and paid for by **Friday, August 30, 2019**. **THIS IS A FIRM DATE**. No tickets will be accepted after that date, and no refunds will be issued for any tickets returned after that date. No refunds will be issued for tickets returned without stubs. These tickets should be treated like cash. You are responsible for any tickets purchased until they are returned to the CRPA office. CRPA recommends any mailing be via certified mail, express mail, UPS or Fedex.

PAYMENT CALCULATION		# of Tickets		Subtotal
<b>General Admission (required)</b> <i>CRPA Special pricing: Adults and Youth are the same price</i>		_____ x \$15.50		\$ _____
<b>POSTAGE:</b>	Certified Mail <input type="checkbox"/> \$8.00	Pick Up at CRPA office <input type="checkbox"/> FREE		\$ _____
	<b>Total:</b>			\$ _____
<b>Payment:</b> <input type="checkbox"/> Invoice me <input type="checkbox"/> P.O # _____ <input type="checkbox"/> Check Enclosed <u><b>This signed form must be returned with ticket order form.</b></u> Please keep a copy for reference. <u><b>All tickets must be paid for IN FULL, by end of reconciliation period.</b></u> <i>I agree to follow the agency agreement as stated above.</i> Signature: _____ Date: _____				

**Completed forms may be sent to:**  
**Email: [info@crpa.com](mailto:info@crpa.com) | Fax: 860-592-8708**  
**Mail: CRPA, 135 Day Street, 2<sup>nd</sup> Floor, 2H, Newington, CT 06111**  
 Questions? Call 860-721-0384 or email [info@crpa.com](mailto:info@crpa.com)

**Office Use ONLY:**

Signature at Ticket Pick-up: \_\_\_\_\_ Date: \_\_\_\_\_

Are there other Science Center orders for this town?    Yes    No		Ticket Numbers:		Date tickets returned:	
This is their # _____ order					
# of Tickets Ordered	Total Cost	Actual Number Used	Number Returned to CRPA	X \$15.50	Total Reimbursement