



## 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 2023 season.

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

- **all ticket transactions, including ordering, receiving, and selling tickets**
- **regular monthly payments for tickets sold**
- **returning all unsold tickets to VRPS by 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 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 2023 ticket program.**

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

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