

**Shades of Green Ticket Order Form**  
**Attraction Tickets Sales Office**  
**Phone: (407)824-6191 Option #2 Fax: (407)824-2100**  
**Email: advancedtickets@shadesofgreen.org**

Please fill in the below information and email to advancedtickets@shadesofgreen.org. If you have questions or concerns about your order, please call (407)824-6191 and leave a message. Tickets are non-refundable and non- transferrable.

**Service Member's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Branch/Base or Installation:** \_\_\_\_\_ **Rate/Rank:** \_\_\_\_\_  
**Military ID/CAC Expiration Date:** \_\_\_\_\_ **Military ID/DOD #** \_\_\_\_\_

I certify the above information is true and that I am currently Active Duty, Reserve in Active Duty Status, a Retired member of the United States Armed Forces or a Department of Defense Civilian employee. It is a federal (18 USC Sec. 1343) to wrongfully obtain government services/privileges under false pretenses, which is punishable by fines and imprisonment for up to 20 years

**Print First & Last Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
\*\*\*\*\*

**Email Address:** \_\_\_\_\_ **Vacation Start Date:** \_\_\_\_\_

When requesting Cirque du Soleil, Blue Man Group or local Dinner Shows please indicate the date and time you wish to go. **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Number of Tickets	Park Ticket	Price Per Ticket	Total Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

\*\*\* Ticket numbers cannot be given over the phone or emailed to you. Your order will be processed and sent out as quickly as possible. \*\*\*

Sub-Total	\$
FedEx Fee	\$10.00
Total	\$

Please provide the first and last name of each person receiving a ticket. Please indicate children with an asterisk (\*)

**Names:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**\*\*\*We accept Visa, MasterCard, Discover, American Express, and Military Star Card\*\*\***

**Last 4 numbers of credit card:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **3-digit security code:** \_\_\_\_\_

I authorize Shades of Green to charge my credit card in the amount of \$ \_\_\_\_\_

**\*\*\* We will call within 72 hours once request is received to confirm order and get the rest of the credit card # \*\*\***

Please provide a number where you can be reached: \_\_\_\_\_

**Shipping Address (No APO or PO Box):** \_\_\_\_\_

**City/State/Zip code:** \_\_\_\_\_

**Print First & Last Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FAILURE TO SIGN IN REQUIRED BLOCKS WILL CAUSE DELAYS WITH YOUR ORDER**

Post Office Box 22789, Lake Buena Vista, Florida 32830-2789

"Serving Those Who Serve"