



2015 OUTING AGREEMENT

Phone # 518-792-3500

Fax # 518-792-0250

Outing Date: 5-Aug-15

Customer #: 1139

Rep: Sawn

Organization Name: Saratoga Camp Saradac

of Students/Employees:

Contact Name: John Hirliman

Title: Administrative Director - Recreation

Street Address: 15 Vanderbilt Avenue

City: Saratoga Springs

State: NY

Zip: 12866

County: Saratoga

Telephone: 518-587-3550 x 2300

Fax: 518-584-1748

Email (REQUIRED): recreservations@saratoga-springs.org

Tax ID

Please see attached

Quantity	Price	Description
	\$23.50 \$ 22.50	Catered Admission Ticket
	\$16.50	Comet Classic
	\$	
CHILDREN 2 & UNDER FREE		

Ticket Print Request/Catering Menu Selections:

Outing Name: Comet Classic

Pavilion Time: 11:30-1:30pm

Meal Time: 12-1pm

Main Entrees: Hot dog/hamburger

Side Items: mac & cheese

Dessert: ice cream

Special Provisions: 1 Vegetarian

Cost Per Plate Package

(Tax Not Included)

Ticket Minimum: 100

OUTING AGREEMENT TERMS AND CONDITIONS:

- Six Flags, subject to the terms and conditions hereof, agrees to consign to above Consignee an initial order of the above request.
 - Group assumes full responsibility for all tickets received and agrees to pay Six Flags for all tickets not returned above and beyond the ticket minimum regardless of the reason for said return.
 - A deposit is due upon receipt of signed agreement **Deposit Due: \$ 500** (\$5/person. Minimum \$1,000 deposit based on the number of tickets ordered) It is understood that this deposit is non-refundable and will be applied toward the total cost of the event.
 - At the conclusion of the event, all unsold tickets must be returned to your Six Flags Account Executive no later than ten (10) business days after the event.
 - An invoice will be sent within ten (10) days and final payment is due at this time. Accounts 30 days past due will be assessed a late payment charge at the rate of 1.5% per mon. (Annual rate - 18%) or the max. allowed by law on the unpaid balance and the reasonable cost of collection, including attorney fees.
- Initial** Consignee agrees to pay Six Flags in the form of one company/organization check made payable to The Great Escape. Please note your account number on your check for proper credit and remit to: **The Great Escape, PO Box 28653 New York, NY 10087.**
PLEASE DO NOT SEND TICKETS TO THE P.O. BOX - PAYMENTS ONLY!
- Group shall provide Six Flags Account Executive with a minimum count of attendees, NO LATER than **Noon five (5) business days** prior to the picnic date. This count is hereby considered the final food guarantee. If no food guarantee is received from the Consignee by Noon five (5) business days prior to the picnic date, the expected meal count, as noted on this form, shall become the minimum food guarantee.
Initial Consignee agrees to pay for the guaranteed amount of attendees/meals or the number in attendance, whichever is greater.
 - In the event of cancellation, all deposits and payments are non-refundable. Cancellation must be made in writing to Six Flags and will be assessed a penalty. If cancellation occurs up to twelve (12) weeks prior to the picnic date, a 30% cancellation fee will be charged based on all admission tickets consigned and on the expected meal count. Cancellation less than twelve (12) weeks will result in charges to the Consignee for the entire cost of the picnic. Charges will be based on all admission tickets consigned and on the expected meal count.
Initial
 - Items/merchandise may NOT be brought into the picnic pavilion for distribution, unless previously authorized by Six Flags in writing. Please request permission in writing with a list of specific give-a-ways.
 - Use of collateral material **NOT** issued by Six Flags must be approved by Six Flags before distribution. Collateral material is explicitly for in-house use only. Logos and trademarks are prohibited from use on shirts, hats, or any other give-a-ways.

This agreement may be terminated by Six Flags at any time. It may not be assigned or otherwise transferred by Consignee without the prior written consent of Six Flags. Agreement of Consignee to all foregoing terms and conditions is indicated by signature below. This Agreement becomes effective only when received and approved by Six Flags at its office in Queensbury, NY whereupon it shall become a binding contract between us in accordance with its terms and conditions. Prices, dates and times are subject to change without notice.

THIS AGREEMENT MUST BE SIGNED BY A PERSON AUTHORIZED TO EXECUTE SUCH AGREEMENTS.

Signature:

by Client Date

Printed Name: Joanne Yepsen

Title: Mayor - City of Saratoga Springs

Signature:

by Six Flags Representative Date

Printed Name: Sandra Sawm

Title: Account Executive - Sales

City Council Approved _____ FOR SIX FLAGS USE ONLY

Acct. History	Approvals	Promotional Materials	Date Sent:
New/Renew	GSM	Brochures	Notes
P/Y	REP	Maps	Picnic #
		Posters	Order #