

Group Order Form



Office Use Only Initials _____ Date Received _____ Order No. _____

- To be eligible for the Pay in Advance Group Rate (\$21.95/person), a minimum purchase of twenty (20) tickets must be made and paid for one (1) week or more in advance.
- Tickets added to prepaid orders under seven (7) days and on the date of your visit will be added at the rate of \$23.95 per person, with no additional complimentary tickets.
- To be eligible for the Pay on Arrival Group Rate (\$23.95/person), a minimum purchase of twenty (20) tickets must be made 24 hours or more in advance and paid for upon arrival.
- For every twenty (20) tickets purchased, your group will receive one (1) FREE ticket.
- Shipping: There is a \$20 fee to ship tickets. Tickets will be mailed to the address provided.
- Cancellation Policy: All tickets are non-refundable. In case of cancellation, tickets are valid 1 year from purchase date.

General Information

Group Name _____		Date of Visit _____		Arrival Time _____ View seasonal hours at spacecenter.org/hours
Contact Name _____	Street Address _____			
City _____	State _____	Zip Code _____	Phone Number _____	Alt. Phone Number _____
Email Address (Will receive confirmation email) _____		Fax Number _____		
Type of Group: ☐ Church ☐ Convention ☐ Corporate ☐ Hotel/Motel ☐ Military ☐ Reunion ☐ Nonprofit/Charity ☐ Tour & Travel ☐ Clubs & Associations ☐ Daycare ☐ Homeschool ☐ Other _____				

Admission Tickets

Ticket Type		Price per Person	Quantity	Total
Pre-Paid Group Tickets	Orders prepaid one (1) week or more in advance. Minimum: 20	\$21.95		
Pay On Arrival Group Tickets	Reservation required 24 hours prior to visit date. Minimum: 20	\$23.95		
Complimentary Tickets	One (1) free admission ticket for every 20 prepaid tickets purchased	Free		
Sending Method	☐ Email (Free) ☐ Pick Up (Free) ☐ Ship (\$20)	-		
Total Cost of Admission Tickets				

Total Payment Due:

Added from all Total Cost fields

Space
Center
Houston

☐ Company Check
(No Personal Checks)

☐ Pay on Arrival (\$12.95)

☐ Visa

☐ American Express

☐ MasterCard

☐ Discover

Name on Card	Card Number	Expiration Date
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☐ Pick Up In Person (Free) Name of Person Picking Up: _____

☐ Email (Free) Email Address: (if different from above) _____

☐ Ship (\$20) Mailing Address: (if different from above) _____

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