

PREPAID INVOICE

(Not Valid Without A Signed Agreement)

Account #: SF-0000067363

Account Name: Newark Board of Education

Contact: Kenesha Aarons

Billing Address: 765 Broad Street

Newark

New Jersey

07102

Phone: 551-206-2242

Email: kaarons@nps.k12.nj.us

Invoice Date:

Payment Due Date: 5-24-2024

Event Date: 2024-06-07 Sales Person: Jackie Lavin

TaxStatus: Exempt

Invoice Summary

Package/Item	Quantity	Price (ea)	Tax (ea)	Subtotal
Mega Meal Deal w/single drink Package	2400	59.98	0.0	143952.00
Complimentary Admission	16	0.0	0.0	0.0
MMD w/ single drink	16	19.99	0.0	3198.40

Special Instructions:

- For questions about this invoice please contact: groups@sixflags.com
- Please return a copy of this invoice with payment.
- Please reference Account # (above) on deposit check (if available).
- Payment is non-refundable and will be applied to the total balance due.

Total Due: 147150.40

Please Remit Checks To:

Six Flags Great Adventure

Attn: Accounting 1000 Ballpark Way, Suite 400 Arlington, TX 76011

To pay by credit card, please email groups@sixflags.com with your event info requesting a Paypal link.









PRE-PAID AGREEMENT

Six Flags Great Adventure LLC

nization Name: act Name: Kenesha	Newark Board of Edu					its/Employees:	
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Phone: 551-206				City: Newar		State:	Zip:0710
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