HCEA MEMBER BENEFIT

Hershey Park Ticket Form

Name:		School:	
Address:			
City:			
Zip Code:			
Phone Number:			
TICKETS CA	AN BE USED ON ANY REGU	LAR OPERATING DAY FROM MAY 2025 -	JANUARY 4, 2026
Quantity	Туре	Group Rate Per Ticket	Total
	Regular Admission	\$45.00	
NO TICKET NEEDED	Under 3	FREE	XXXXXXX
		Total Enclosed:	
Ol	RDERS ARE DUE TO	O THE HCEA OFFICE BY 4/11	L/2025
Mail orders and paymer	nt to:		
HCEA			
2107 Laurel Bush Road			
Suite 201			
Bel Air, MD 21015			
THE HCPS COURIER V	ISITS OUR OFFICE EACH	MONDAY AND WEDNESDAY, WRIT	E HCEA ON THE ENVELOPE.
All checks should be ma	de payable to: HCEA		
We also accept Venmo	@HarfordCEA		