



# EMPLOYEE FAMILY- MOODY GARDENS ANNUAL PASS FORM

This voucher is for Moody Gardens **EMPLOYEE FAMILY MEMEBERS**  
**(UP TO 5 IMMEDIATE FAMILY MEMBERS ONLY)**

Discounted Employee Family Annual Pass is **\$50 PER PERSON**

The Annual Pass entitles you to the MG 3-D Theater, 4-D FX Theater, Rainforest Pyramid, Discovery Museum, Aquarium Pyramid, Colonel Paddlewheel Boat, Dino's Alive, Festival of Lights and Iceland (seasonal)

Does **NOT** include Palm Beach **-PALM BEACH, ROPES COURSE AND ZIP ADD-ON IS \$25 PER PERSON**

*\*Prices Subject to Change- Summer Season Only Valid for Current Season of Purchase\**

*After form approval from Department Supervisor/Manager, submit form to the Operators Admin, 2<sup>nd</sup> floor of the Visitors Center. After GM approval (forms are **NOT** processed immediately, allow for 5-7 days), completed form is taken to the Visitor Center Ticketing for purchase and processing. All listed on the form need to be in attendance to receive their Photo ID Membership Pass. Passes will not be given without a photo taken of each person. Passes can be pre-purchased without all in attendance, however there will not be any refunds for non-finalized passes.*

*Memberships are non-transferrable, failure to follow guidelines will result in voiding passes with no refund.*

*Questions? Contact Memberships: 409-683-4287 or 409-683-4326.*

EMPLOYEE NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ DATE: \_\_/\_\_/\_\_

## IMMEDIATE FAMILY MEMBER PASSES (Only up to 5)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MUST BE REDEEMED WITHIN 90 DAYS OF THE SIGNED APPROVAL DATE.**

**VOID AFTER 90 DAYS. Must have original approval signatures and date in a colored ink.**

\_\_\_\_\_  
Department Supervisor/Manager Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
General Manager Signature

\_\_\_\_\_  
DATE