



METLIFE STADIUM PRIVATE TOUR FORM

Phone: 201.559.1700 | Email: tours@metlifestadium.com

THIS FORM HAS FILLABLE TEXT FIELDS. PLEASE FILL IN ELECTRONICALLY. INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE RETURN VIA EMAIL.

Requested Date: _____ Requested Time: 10am 1pm 4pm

E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Is there any specific occasion for your visit? _____

# of Tickets (10+)	Type of Ticket	Price of Ticket	Total Cost (# of tickets x cost)
	Adult		
	Kids (5-12 years old)		
	Seniors (60 years old+)		
	Kids (4 years and under)	FREE (with purchase of adult ticket)	
		Service & Handling Fee (entire order)	
		TOTAL:	

Guidelines:

- **Pricing:**
 - There is a minimum requirement of 10 tickets to be purchased to book a tour.
 - If your tour is more than 10 people, please fill out the form based on the number of expected tickets.
 - Groups under 10 are welcome, as long as the minimum payment of 10 patrons is met. The minimum payment is \$210.
- Payment must be received two (2) weeks (or 14 business days) prior to tour.
- There are no full, partial refunds or exchanges. **All Sales are Final.**
- Please specify any ADA needs at the time the tour is booked.
- Tours are subject to change or cancellation at any time as per stadium policies.
- All tour locations based on availability and are not guaranteed.

Photo Agreement

I agree to abide by the MetLife Stadium Filming Policy and follow the instructions of the Tour Guide regarding personal use still photography. I understand no professional cameras (still or video) are permitted.

Electronic Signature (Please Type Full Name): _____

Authorization: This signature authorizes that you are agreeing to the photo policy. Failure to do so will result in the tour not being confirmed.

METHOD OF PAYMENT:

CHECK

Please make all checks payable to: **New Meadowlands Stadium Company, LLC**

Personal/business checks will be accepted for only 14 business days before tour date. Following, only cash or credit card is accepted.

MetLife Stadium Ticket Office, One MetLife Stadium Drive, East Rutherford, NJ 07073 www.MetLifeStadium.com

CREDIT CARD

Amount to be Charged: \$ _____

X _____ Date: _____

Authorization: This signature and date authorizes credit card charge; accepts all group ticket guidelines; and accepts responsibility for payment in full on tickets purchased.

Do Not Fill in Credit Card Info! We will call you to obtain it.

CC#: _____

Exp.: _____ Code: _____ Zip: _____

Notes: _____