

PHOENIX MOUNTAIN ALPINE SKI SOCIETY
2009 - 2010 SEASON PASS APPLICATION

Family Name _____

Mailing Address: _____

Phone _____

Email Address: _____

* *Early Bird Sales ends Fri. Nov. 20, 2009*

* *See overleaf for rates and instructions.*

| <u>First Names</u> | <u>Age</u> | <u>Pass Cost</u> |
|--------------------------|------------|------------------|
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| | | |
| | | |
| <u>Subtotal</u> | | |
| Deduct Family Discount | | |
| <u>Season Pass</u> | | |
| Add 5% GST | | |
| <u>Total Season Pass</u> | | |
| | | |
| <u>Total Paid</u> | | |

| <u>Office Use Only</u> | | | | |
|------------------------|--------------|---------------|------------|------------|
| <u>Pass #</u> | <u>Photo</u> | <u>Waiver</u> | <u>Ent</u> | <u>Lam</u> |
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***Full Payment must be postmarked
no later than
Friday, November 20, 2009
to qualify for the "Early Bird" Price***

Payment Method *Cheque* *Visa* *Mastercard*

Card #: _____

Expiry Date _____ Cardholder Name (please print) _____

Signature of Cardholder _____

Make cheques payable to Phoenix Mountain Alpine Ski Society (GST #119370328)

- * *Limit of 2 adult passes per family*
- * *Family members must be direct legal family, living in one household.*
 - * *Applicant's age is determined as of December 31, 2009*
 - * *Season passes are non-refundable and non-transferable.*