

Hidden Valley Highlands Ski Area

2009 – 2010 SEASON PASS APPLICATION FORM

CONTACT INFORMATION:

Name: _____

Address: _____

City/Town _____ Prov/State: _____ Postal Code: _____

Phone (H) _____ Phone (W) _____ Fax _____

E-mail: _____

PASSHOLDER INFORMATION

* Please list name(s) as you would like them to appear on your Season Pass.

All Applicants Names (Oldest to Youngest)	Date of Birth MM/DD/YY	Type of Pass	Pass Cost
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Pass Total: _____

PAYMENT DETAILS:

1. **Pass Total** \$ _____

2. Payment Plan \$10 \$ _____

3. **Subtotal** \$ _____

4. GST 5% \$ _____

3. **Total Due** \$ _____

Payment Information: GST

Cheque _____ Credit Card _____ Cash _____

Card # _____

Expiry _____

Purchase Date _____

Card Holder Name _____

Signature _____

I wish to pay in three equal payments due:

1. 1/3 Due with application \$ _____

2. 1/3 Due Nov. 13 \$ _____

3. 1/3 Due Dec. 4 \$ _____

_____ I wish to make my payments by credit card and authorize payment on card listed above
Signature _____

_____ I have included 3 cheques; 1 due today and 2 post-dated Nov. 13 and Dec. 4, 2009

Passes will not be issued until all payments have cleared and all waivers are signed.

For Office use only:

Paid: _____

Waiver Signed _____

Date: _____