PHOENIX MOUNTAIN ALPINE SKI SOCIETY
2016 - 2017 SEASON PASS APPLICATION

Family Name _____

Mailing Address: _____

Phone _____

Email Address: _____

Please check if you would like to receive a monthly e- newsletter ☐

Please circle one: ***Grand Forks*** ***Area C*** ***Area D*** ***Area E*** ***Other***

(This information helps us in our funding applications)

**** Early Bird Sale ends Fri. Oct. 29, 2016***
**** See overleaf for rates and instructions.***

First Names	Age	Pass Cost

Subtotal	
Deduct Family Discount	
Season Pass	
Add 5% GST	
Total Season Pass	
Total Paid	

Office Use Only

Pass #	Photo	Waiver	Ent	Lam

Full Payment must be postmarked
no later than
Friday, October 29, 2016
to qualify for the "Early Bird" Price

Friday, December 9, 2016
to qualify for the "Pre-Season" Price

Payment Method ☐ ***Cheque*** ☐ ***Visa*** ☐ ***MC*** ☐ ***e-Transfer***
(Send to skiphoenix@gmail.com)

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, 2016***
**** Season passes are non-refundable and non-transferable.***