

Hidden Valley Highlands Ski Area

2011-2012 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. **HST 13%** \$ _____
- 5. **Total Due** \$ _____

Payment Information:
 Cheque Credit Card Cash
 Card #: _____
 Expiry: _____
 Purchase Date: _____
 Card Holder Name: _____
 Signature: _____

I wish to pay in three equal payments:

- 1. 1/3 Due with application \$ _____
- 2. 1/3 Due Nov. 24 \$ _____
- 3. 1/3 Due Dec. 15 \$ _____

_____ 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 per schedule

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

For Office use only:

Paid: _____ Waiver Signed: _____ Date: _____