



Sunday River®

2011-2012 Season Pass Order Form

Purchaser IP# _____
(For Season Pass Office Use)

Guest must either fax or mail in a signed Liability Release. This can be found on the bottom of the season pass page

PURCHASER INFORMATION

Name	E-mail Address (To receive special offers for season pass holders)		
Address	Name of College (if purchasing a college pass)		
City	State	Zip	Phone

BOYNE REWARDS NUMBER:

SEASON PASSES

TYPE OF PASS	PASS PHOTO*	PASSHOLDER NAME	DOB	PRICE
1				
2				
3				
4				
5				
6				

*If you are renewing any Season Pass, check here if you would like to use the photo you have on file.
When you pick your pass you will need to sign an updated release form, but will not have to wait for a new photo to be taken.

Subtotal

ADDITIONAL PRODUCTS

PRODUCT	NAME*	DOB*	PRICE

*If applicable.

Subtotal

PAYMENT INFORMATION

Method of Payment: Visa MC AMEX DISC Cash Check Other _____
(circle one)

Credit Card Number: _____ Expiration Date: ____/____

CCV SECURITY CODE (REQUIRED) _____

Cardholder Name: _____ Cardholder Signature: _____

ALL PURCHASES ARE FINAL. No refunds are issued for Season Passes.

Credits

Total