



2010-2011 Season Pass Payment Plan

Only offered on Alpine or Unlimited Season Passes

First Name: _____ Last Name: _____
 Address: _____ Postal Code: _____
 City: _____ Province: _____ Phone: (____) _____-_____
 E-Mail: _____ Birthdate: (mm/dd/yy): ____ / ____ / ____
 Subtotal: \$ _____ tax: \$ _____ Total: \$ _____

I acknowledge by signing below that I have read, understand and agree to all the conditions of the Cypress Mountain Winter 2010-2011 Season Pass Payment Plan.

PAYMENT 1

\$ _____ PROCESSED AT TIME OF PURCHASE

Visa Mastercard Amex

Cardholder Name: _____

Card Number: _____ - _____ - _____ - _____ Expiry Date (mm/yy): ____ - ____

Cardholder Signature

PAYMENT 2

\$ _____ WILL BE PROCESSED ON JUNE 15, 2010

Visa Mastercard Amex

Cardholder Name: _____

Card Number: _____ - _____ - _____ - _____ Expiry Date (mm/yy): ____ - ____

** Expiry date on card must be after June 15, 2010

Cardholder Signature

PAYMENT 3

\$ _____ WILL BE PROCESSED ON AUGUST 15, 2010

Visa Mastercard Amex

Cardholder Name: _____

Card Number: _____ - _____ - _____ - _____ Expiry Date (mm/yy): ____ - ____

** Expiry date on card must be after August 15, 2010

Cardholder Signature

*Any personal information retained by Cypress Mountain is for selling purposes only to provide customers and staff with information about Cypress

| | |
|--|-----------------|
| OFFICE USE ONLY | Notes: _____ |
| Received Date: ____ / ____ / ____ Clerk: _____ | _____ |
| Payment 1 Processed: ____ / ____ / ____ Clerk: _____ | _____ |
| Payment 2 Processed: ____ / ____ / ____ Clerk: _____ | NSF Fees: _____ |
| Payment 3 Processed: ____ / ____ / ____ Clerk: _____ | _____ |