

Payment Plan Application

Date	First Name	Last Name
Mailing Address		City
Province/State	Postal/ Zip Code	Phone
Email		Season Pass #

Method of payment:

Visa \_\_      MC \_\_      PDC \_\_

Credit card information:

Cardholder \_\_\_\_\_

Credit card # \_\_\_\_\_ Exp date \_\_\_\_\_

Signature \_\_\_\_\_

Season Pass Total :

6 Month Equal Payment Amount:

Special instructions:

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September	January
October	February
November	March
December	April