

2023/ 2024 QUAD SEASON PASS REGISTRATION

{MUST HAVE 4 NAMES}

*Mount Dufour Ski Area Inc.***Fill a Quad Promotion rates** in effect until November 18/2023**WAIVERS MUST BE SIGNED**

FULL NAME	AGE	ADDRESS	PHONE	E-MAIL

PERSON 1	# REQUIRED		PRICE		TOTAL
Season Pass	1	X	\$450.00	=	\$ 450.00
PAYMENT METHOD			SUBTOTAL:		\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD			HST 13%		\$
<input type="checkbox"/> I wish to take advantage of the pre-season payment plan; I have provided _____ cheques for equal amounts and post-dated the 1 st of the month, from now until December 1 st inclusive.			TOTAL PAYABLE:		\$

PERSON 2	# REQUIRED		PRICE		TOTAL
Season Pass	1	X	\$450.00	=	\$ 450.00
PAYMENT METHOD			SUBTOTAL:		\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD			HST 13%		\$
<input type="checkbox"/> I wish to take advantage of the pre-season payment plan; I have provided _____ cheques for equal amounts and post-dated the 1 st of the month, from now until December 1 st inclusive.			TOTAL PAYABLE:		\$

PERSON 3	# REQUIRED		PRICE		TOTAL
Season Pass	1	X	\$450.00	=	\$ 450.00
PAYMENT METHOD			SUBTOTAL:		\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD			HST 13%		\$
<input type="checkbox"/> I wish to take advantage of the pre-season payment plan; I have provided _____ cheques for equal amounts and post-dated the 1 st of the month, from now until December 1 st inclusive.			TOTAL PAYABLE:		\$

PERSON 4	# REQUIRED		PRICE		TOTAL
Season Pass	1	X	\$450.00	=	\$ 450.00
PAYMENT METHOD			SUBTOTAL:		\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD			HST 13%		\$
<input type="checkbox"/> I wish to take advantage of the pre-season payment plan; I have provided _____ cheques for equal amounts and post-dated the 1 st of the month, from now until December 1 st inclusive.			TOTAL PAYABLE:		\$

SEASON PASS HOLDER _____ **DATE :** _____
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****** I AGREE TO THE TERMS ON THIS FORM *******Season's Pass entitles holder to lift tickets on all operating days.**

Quad Membership must be returned complete with 4 member's names and payment in order for the membership to be valid.

Due date is November 18 / 2023**PLEASE NOTE : MEMBERSHIPS ARE NON-REFUNDABLE**