

2011/12 BOYNE PASS APPLICATION

PLEASE PRINT

BOYNE Pass Office
 P.O. Box 19, Boyne Falls, MI 49713-0019
 Phone (231) 549-6016 Fax (231) 549-7996
 www.BOYNE.com
 BOYNE Pass Office Hours:
 9:00 a.m. - 5:00 p.m. daily

1 TODAY'S DATE: ___ / ___ / ___

CREDIT CARD INFORMATION
 REQUIRED BELOW

(ADD SHADED AREAS)

PASS DESIRED	FAMILY MEMBER NAME <small>(EXACTLY AS IT SHOULD APPEAR ON PASS)</small>	PREVIOUS PASS HOLDER?	DATE OF BIRTH <small>MM/DD/YY</small>	NEW PHOTO?	PRICE	CHARGING PRIVILEGES <small>CIRCLE ONE:</small>	DRIVER'S LICENSE NUMBER / STATE <small>(Required for Head of Household, Frequent Skier/Rider Cards and Charging Privileges)</small>	TOTAL AMOUNT
1	HEAD OF HOUSEHOLD:	Y N		Y N	\$	Y N	/ ___	\$
2		Y N		Y N	\$	Y N	/ ___	\$
3		Y N		Y N	\$	Y N	/ ___	\$
4		Y N		Y N	\$	Y N	/ ___	\$
5		Y N		Y N	\$	Y N	/ ___	\$
6		Y N		Y N	\$	Y N	/ ___	\$
7		Y N		Y N	\$	Y N	/ ___	\$

BoyneRewards NUMBER _____

TOTAL AMOUNT \$

2 PERMANENT MAILING ADDRESS _____

AMOUNT ENCLOSED \$

City _____ State _____ Zip _____

Phone (___ ___) ___ ___ - ___ ___ E-mail _____

- I WILL PICK UP MY PASS AT BOYNE MOUNTAIN PLEASE MAIL MY PASS TO THE ADDRESS ABOVE
 I WILL PICK UP MY PASS AT BOYNE HIGHLANDS (RECENT PHOTO MUST BE ON FILE FOR YOUR PASS TO BE MAILED)

3 METHOD OF PAYMENT Boyne Season Pass Office will contact you to collect necessary credit card information.

- CASH CHECK CCB/BHGC MEMBER # _____ BOYNE SEASON PASS EASY PAYMENT PLAN CREDIT CARD

4 CREDIT INFORMATION
 *** MUST BE ON FILE TO RECEIVE CHARGING PRIVILEGES ***

- The applicant named on this form agrees to pay for all season passes listed above in full and that until applicant pays for all listed above in full no lift tickets will be provided and no season passes will be printed or activated.
- I hereby authorize Boyne Resorts, Inc. to automatically charge my credit card the entire unpaid balance if my BOYNE Pass charge account is 60 days past due (including the charges of my children an / or spouse listed above).
- It is your obligation to immediately contact Boyne Mountain if the credit card number provided is lost or stolen, or if the credit card numbers or details are changed in any way.

5 RELEASE OF LIABILITY - PLEASE READ!

Acceptance of the BOYNE Pass constitutes a contract. The holder of this Pass, as a condition of being permitted to use the facilities of the area, agrees to assume all risk of personal injury or loss of or damage to property. The purchaser or user of this Pass agrees and understands that skiing, snowboarding, snow tubing, snow biking and snow blading can be hazardous activities to which this release applies. Trail conditions vary constantly because of weather changes and use. Ice, variations in terrain, moguls, rocks, forest growth and debris, lift towers and other obstacles and hazards including other skiers/riders, exist throughout the area.

In consideration of using this Pass and Boyne Resorts facilities, the purchaser and user of this Pass agrees to accept the risk of skiing and other winter sports activities and agrees not to sue Boyne Resorts or its employees if hurt while using the Boyne Resorts facilities.

The management is not responsible for Pass if lost or stolen and this pass may be revoked without refund at any time for misconduct or nuisance caused by holder. The Pass must be visible at all times while on the slopes.

*****EACH APPLICANT OR LEGAL GUARDIAN MUST SIGN BELOW TO VALIDATE SEASON PASS*****

Passholder #1: _____ AGE*: _____ SIGNATURE: _____
 Passholder #2: _____ AGE*: _____ SIGNATURE: _____
 Passholder #3: _____ AGE*: _____ SIGNATURE: _____
 Passholder #4: _____ AGE*: _____ SIGNATURE: _____
 Passholder #5: _____ AGE*: _____ SIGNATURE: _____
 Passholder #6: _____ AGE*: _____ SIGNATURE: _____
 Passholder #7: _____ AGE*: _____ SIGNATURE: _____

*****APPLICANTS UNDER THE AGE OF 18 MUST HAVE A PARENT OR LEGAL GUARDIAN SIGNATURE*****

FOR OFFICE USE ONLY

Receipt # _____ Payment Method _____ Auth. Code _____ Date Rec'd _____ Amt Rec'd _____ Charging _____ Clerk Name _____ Approved _____