



Sunday River®

Purchaser IP# _____

2016-17
Order Form

Guest must either fax or mail in a signed ROL and PPA
This can be found on the bottom of the season pass page @
www.SundayRiver.com

PURCHASER INFORMATION

Name _____ E-mail Address _____

Address _____
Email confirmation? YES / NO circle one

City _____ State _____ Zip _____ Phone _____

BOYNE REWARDS NUMBER: _____

PRODUCT	CUSTOMER NAME	DOB	PRICE
1			
2			
3			
4			
5			

Payment Plan Enrollment YES / NO

Subtotal

BOYNE REWARDS VOUCHER # / GIFT CARD #

Total
Credit

PAYMENT INFORMATION

ME Student/College/ Community passes will require proof of eligibility.

Down Payment

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

Total

Credit Card Number: _____ Expiration Date: ____ / ____

CCV SECURITY CODE (REQUIRED) _____

Cardholder Name: _____ Cardholder Signature: _____

ALL PURCHASES ARE FINAL. No refunds are issued.