



Sunday River®

Purchaser IP# _____

2017/2018
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

Total

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

Credit Card Number: _____ Expiration Date: _____ / _____

CCV SECURITY CODE (REQUIRED) _____

Cardholder Name: _____ Cardholder Signature: _____

ALL PURCHASES ARE FINAL. No refunds are issued.