



Season Pass Holder

Phone: (306) 425-2273 Ext. 221 Fax: (306) 425-3382 Email: info@eaglepoint.ca Internet: www.eaglepoint.ca PO Box 1349, La Ronge, SK, S0J 1L0

SINGLE

Name: _____ Birth Date: _____

Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Phone: _____ Gender: _____

Email: _____

Accept email confirmations? Yes No

COUPLE

Name of Spouse: _____ Birth Date: _____ Phone: _____

Email: _____ Gender: _____

Adult Single

Senior Single

Junior, Age 13-18

Adult Couple

Senior Couple

Junior, Age Under 13

ITEM DESCRIPTION	Amount
Season Pass	
Golf Cart Trackage /Parking - Electric	
Golf Cart Trackage /Parking - Gas	
Sub-total	
GST %	
Total Amount Owing	

PAYMENT TYPE AND ADDITIONAL CHARGES

1

Cash

Cash Debit Cheque Visa MasterCard

Cash Payment

2

Add \$40.00 Finance Charge if Paid by:

Payment Plan

1st Payment May 1/2021: Paid Initials: _____

2nd Payment June 18/2021: Paid Initials: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Finance Charge

Grand Total

Internal Use Only

Amount Paid: _____

Date: _____

GST No. 856451190 RT0001

Thank You. We appreciate your business.