



## Programs & Teams–Payment Plan Authorization

YES, I would like to enroll in the Whitefish Mountain Resort Programs/Teams Payment Plan option. This enables me to pay for my 2017/2018 Snow Sports Program in 2 equal payment:

**Program 2 equal payments of:**

**Payments of:**

Buckaroos \$162.50  
 \$267.50  
 Half Pints \$135.00  
 Team \$287.50  
 Devo Program \$162.50

**Program 2 equal payments of:**

Ladies/Mens Half Day \$137.50  
 Co-ed SB Half Day \$137.50

**Teams 2 equal**

Jr Freestyle  
 Freestyle Saturday

- I understand that I must join the program on or before **9/30/2017**.
- I understand that I do not take ownership of the pass until receipt of final payment (**11/1/2017**).  
Initial
- I understand that if for any reason I stop making payments during the program, I will be refunded the amount I have paid **less a \$20 processing fee.** Initial
- If Whitefish Mountain Resort is not able to collect a second and final payment by the **2nd payment deadline (11/1/2017)** WMR will **refund the first payment less a \$20 processing fee.** At which time, passes can be purchased at the current rate. Initial

**PROGRAM OR TEAM PARTICIPANTS ENROLLED IN THE PAYMENT PLAN OPTION:**

(Please print names of participants in corresponding spaces below)

**Participant** \_\_\_\_\_ **DOB** \_\_\_\_\_

Program/Team \_\_\_\_\_ Mon Tues Wed Sat Sun / AM PM

**Participant** \_\_\_\_\_ **DOB** \_\_\_\_\_

Program/Team \_\_\_\_\_ Mon Tues Wed Sat Sun / AM PM

**Participant** \_\_\_\_\_ **DOB** \_\_\_\_\_

Program/Team \_\_\_\_\_ Mon Tues Wed Sat Sun / AM PM

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

By signing below, I authorize Whitefish Mountain Resort to store my credit card information electronically and charge my card two payments. The first payment will occur on the day of registration, no later than September 30<sup>th</sup>, 2016 and the second will be charged **November 1, 2017**. I understand that some restrictions may apply. I understand I may change the credit card on file at any time by contacting the Guest Information and Services Department or Online with the new credit card information.

**Signature REQUIRED:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

