



Annual Family Pass Payment Form

Date: _____

Name(s):	_____	_____	Adult
	Surname	Given Name	
	_____	_____	Adult Child
	_____	_____	Adult Child
	_____	_____	Child

Family of four total due: \$196 + hst (Total of \$221.48)

Family of three total due: \$147 + hst (Total of 166.11)

Family of two total due: \$98 + hst (Total of \$110.74)

Additional immediate family members \$39 + hst (\$44.07 per person)

_____	_____	Adult	Child
_____	_____	Adult	Child

Mailing Address: _____

	No.	Street
_____	_____	_____
City	Province	Postal Code

Phone Number: (_____) _____

E-mail Address: _____

Total Payable _____

Mastercard Visa (Circle One)

Card number _____ Expiry ____/____

Comments:

Please Fax form to 613-838-9689

You will receive a confirmation within 2 business days.
Or mail to Saunders Farm PO Box 356 Munster, On. K0A3P0

