



**Annual Family Pass Payment Form**

**Date:** \_\_\_\_\_

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

UNLIMITED VISITS for your Family \*

\*What is a "Family"?

Family of 2: \$79 + gst.

Family of 3: \$108 + gst.

Family of 4: \$139+gst.

Families larger than 4 people, each additional immediate family member is \$29/per person.

Mailing Address: \_\_\_\_\_

	No.	Street
_____	_____	_____
City	Province	Postal Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Payment information:

Family members \_\_\_\_\_ GST5% \_\_\_\_\_ 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

