



BULK TICKET PROGRAM

Complete form and return to
Group Sales Department
Pats Peak Ski Area
P. O. Box 2448
Henniker, NH 03242
Fax (603) 428-7821

BUY EARLY & SAVE!

Name _____ Co. Name _____

Mailing Address _____

Town _____ State _____ Zip Code _____

Signature _____

All Mountain Lift: All Ages

Purchased on or before 9/30/10 \$39.00 per voucher / # of tickets _____

Purchased 10/1/10 or after \$42.00 per voucher / # of tickets _____

Restriction: This ticket cannot be used for the POP program on Saturday night

Twofer: All Mountain

Purchased on or before 9/30/10 \$50.00 per voucher / # of tickets _____

Purchased 10/1/10 or after \$52.00 per voucher / # of tickets _____

(Monday, Tuesday, Wednesday Non-Holiday ONLY)

Total _____

LOW Minimum purchase of only 25 tickets per business/group. Please have each individual/family fill out this form and return to the Human Resource Coordinator/Group Coordinator with payment. All forms and payments must be mailed to the Group Sales Department for processing. Please indicate if you will pick the tickets up or if you would like them mailed. **Tickets purchased prior on or before 9/30/10 will expire at the close of season 2011 (No Exceptions). Tickets purchased after 10/1/10 may be returned by group coordinator for credit toward next season.**

Payment Method:

___ Master Card ___ Visa ___ American Express ___ Check (enclosed)

Total Amount: \$ _____

Credit Card #: _____ - _____ - _____ CVN# _____
(3-digit on back MC/Visa)

Expiration date: _____ (4-digit on front of Amex)

Signature/Name on Card: _____ Billing Zip Code _____

Please mail tickets to above address _____

I will pick up tickets at Guest Services Desk on _____ (date)