

Freeride Season Pass Application Form

Please return completed forms including a recent photo of each applicant writing their name or application number i.e. (1st person) on the back of the photo. Discount for family members only.

STOKE SKI CENTRE, FESTIVAL WAY, FESTIVAL PARK,
STOKE-ON-TRENT, STAFFORDSHIRE, ST1 5PU



Membership		Annual Fee	Monthly Fee
Junior:	Child	£264	£22
Adult:	One Adult	£528	£44

Please complete this section:

1st PERSON	Surname	<input type="text"/>													
	First Name	<input type="text"/>													
	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>								
	Membership Type	Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>										

2nd PERSON -10% OFF TOTAL	Surname	<input type="text"/>													
	First Name	<input type="text"/>													
	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>								
	Membership Type	Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>										

3rd PERSON -15% OFF TOTAL	Surname	<input type="text"/>													
	First Name	<input type="text"/>													
	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>								
	Membership Type	Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>										

4th PERSON -20% OFF TOTAL	Surname	<input type="text"/>													
	First Name	<input type="text"/>													
	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>								
	Membership Type	Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>										

5th PERSON -25% OFF TOTAL	Surname	<input type="text"/>													
	First Name	<input type="text"/>													
	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	<input type="text"/>								
	Membership Type	Adult	<input type="checkbox"/>	Junior	<input type="checkbox"/>										

Standing Order Mandate

(Full Name + address of bank including postcode)

To: _____
_____ Branch

Please tick the relevant box:- new instruction
 Please amend previous standing order quoting reference / beneficiary

Account to be debited

Sort Code

Account Number

Account Name

Beneficiary Details

Bank

Branch Details

Sort Code

Account Number

Beneficiary Name

Reference

Payments Details

Amount of payment £ Date of first payment

Amount of usual payment in words

When paid (weekly, monthly, annually, ect) Date of usual payment

PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE

Customers Signature(s) Date

Customers contact telephone number

ALL BOXES MUST BE COMPLETED IN ORDER FOR THE STANDING ORDER TO BE PROCESSED