



(For Office Use Only)

# Season Pass Order Form

All passes are kept on site. The first time a pass holder visits he/she will have their picture taken. On all subsequent visits, pass holders will be verified by photo on file.

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First name:				
Last name:				

Visits:				
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Name (of pass purchaser):

Address:

City, State, Zip:

Email:

Phone:

Pass: Individual Family

Total Price:

Emergency Contact Information:

Name: Relationship: Phone:

\*Signature of Parent or Guardian:

\*By signing this, you agree to the above-mentioned terms and conditions and accept full responsibility for the individuals listed on this pass.

Feel free to contact us with any questions: Website: [www.splashdownwaterpark.net](http://www.splashdownwaterpark.net)

Phone: (509) 924-3079 Email: [splashdownwaterpark@hotmail.com](mailto:splashdownwaterpark@hotmail.com)

Mail order to: Splashdown Waterpark 2922 S. Manito Blvd. Spokane, WA 99203

\*\*\*SEASON PASS SALES ARE NON-REFUNDABLE\*\*\*

Total: (Mail-in only)

Payment: Check Cash CC

Credit Card Number:

Expiration Date: Security Code (last three digits on back of card):

## Season Pass Additional Members

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First name:				
Last name:				

Visits:				
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First name:				
Last name:				

Visits:				
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First name:				
Last name:				

Visits:				
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