# SEASON PASS ORDER FORM

All passes are kept on site. The First time a pass holder visits he/she will have their picture taken. For future visits, pass holder will inform ticket personnel that they are a pass holder. Ticket person will verify with photo on file and admit pass holder.

Full Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

City:State: Zip: _____

E-mail: _____

Credit Card #: _____

Security code (last three digits on back of card): _____

Expiration Date: _____

Name as it appears on Credit Card: _____

If paying by check or by money order, please make out to: **Splash-Down Water Park**

Total number of Passes you want: _____

Total payment enclosed:$ _____

**Pass Holder Information**

| First Name: | Last Name: | Phone: |
|---|---|---|
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| | | |
| | | |
| | | |
| | | |

**Emergency Contact Information**

First Name _____ Last Name _____ Phone: _____

*Signature of Parent or Guardian _____ Date _____

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

Contact Splash-Down Water park if you have any questions.
Phone: 509-924-3079 / E-mail: Waterloggs@msn.com
www.splashdownwaterpark.net
Mail order to: Splash-Down Waterpark/ 2922 S. Manito Blvd. Spokane, WA 99203

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