

**“GOOD THINGS COME IN THREES”**

**MONT SUTTON  
REFERRAL FORM**

1. FILL IN ADDRESSES OF THE “NEW MEMBERS” YOU ARE REFERRING.
2. RETURN REFERRAL FORM BY MAIL, OR BY FAX TO (450) 538-0080.

YOUR NAME & ADDRESS			
First name :	Last name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal code :	
Telephone number :	Email address :		

NAME & ADDRESS OF FIRST “NEW MEMBER” REFERRED			
First name :	Last name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal code :	
Telephone :	Email address :		

NAME & ADDRESS OF SECOND “NEW MEMBER” REFERRED			
First name :	Last name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal code :	
Telephone :	Email address :		

I HAVE READ AND ACCEPT THE CONDITIONS :

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

Signature : \_\_\_\_\_

**CONDITIONS**

1. 50% discount applies to Membership cards valid from Monday to Friday only.
2. To be considered a “New Member”, the individuals referred must be 18 or over, not have been a SUTTON season pass holder of any kind during the past three years and must purchase a 5-day season pass (Monday-Friday) for the 2011-2012 season.
3. Request must be approved by Ski Sutton inc.
4. This promotion cannot be combined with any other offer.

**THE AMBASSADORS**

**MONT SUTTON  
REFERENCE FORMS**

3. PLEASE FILL IN THE INFORMATION FOR THE NEW MEMBER THAT YOU ARE REFERRING OR FOR THE PERSON IN CHARGE OF THE FAMILY THAT YOU REFERRING.
4. RETURN THE REFERENCE FORM BY MAIL OR BY FAX AT THIS NUMBER (450) 538-0080.

NEWLY REFERRED MEMBER			
First name :	Name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal Code :	
Telephone :	e-mail :		
First name :	Name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal Code :	
Telephone :	e-mail :		
First name :	Name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal Code :	
Telephone :	e-mail :		
First name :	Name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal Code :	
Telephone :	e-mail :		
First name :	Name :	Date of birth (day/month/year):	Gender (F/M) :
Address :			
City :	Province :	Postal Code :	
Telephone :	e-mail :		

I HAVE READ AND ACCEPT THE CONDITIONS:

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

Signature : \_\_\_\_\_

**CONDITIONS:**

1. The \$50 rebate only applies on a 7-day unlimited individual season pass at regular price (maximum of 100\$ per household).
2. To be considered "New Member" the referred person must be 18 years old and over, not be part of your immediate family, not have been a SUTTON season pass holder of any kind during the past three years and subscribe to a regular 7-day unlimited season pass for the 2011-2012 season.
3. Request must be approved by Ski Sutton inc.
4. This promotion cannot be combined with any other offer.