



Searchmont Resort: Back-of-Seat Registration

Registration Date

Expiry Date

 () -

Company Name

Home Phone

 () -

Contact Name

Work Phone

 () -

Address

Fax Number

Province / State

Postal Code / Zip

Please indicate your preferred one time option:

- One Year Two Year
 Three Year

Please indicate your preferred wording for chair signage:

- Name (Please print clearly) _____
 Artwork to be provided (Please email to nila@searchmont.com)

Your preferred method of payment:

- Visa Mastercard Cheque Please Invoice

Credit Card #: Expiry: /

Name on the Card:

Signature

Date