



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