ANNUAL VENTURE / SENIOR PASS FORM

CUSTOMERS LAST NAME ___________________________ FIRST _______ M.I. _______ ( ) _____________ DAY PHONE NUMBER (REQUIRED)

STREET ADDRESS ____________________________________________________________

CITY ___________________________ STATE _______ ZIP _______

[ ] ANNUAL VEHICLE ENTRANCE PASS

[ ] ANNUAL VESSEL LAUNCH/LAKE USE PASS

[ ] SR. DISCOUNTED VEHICLE ENTRANCE PASS

[ ] ANNUAL VESSEL INSPECTION PASS

VEHICLE 1 LIC.#: ___________________________ MAKE_________________________ MODEL_________________________ COLOR_________________________ YEAR__________

VEHICLE 2 LIC.#: ___________________________ MAKE_________________________ MODEL_________________________ COLOR_________________________ YEAR__________

VESSEL 1 CF#: ___________________________ MAKE_________________________ MODEL_________________________ COLOR_________________________ YEAR__________

VESSEL 2 CF#: ___________________________ MAKE_________________________ MODEL_________________________ COLOR_________________________ YEAR__________

** Note: Vehicle/Hull Identification Numbers (VIN or HIN) may be used if vehicle license plate or vessel CF numbers not yet issued.

[ ] I would like to receive electronic newsletters and notices.

E-mail Address: ________________________________________________________________

- FOR OFFICE USE ONLY -

PARK: ___________________________ PASS #: ___________________________ ___________________________ ___________________________

ISSUED BY: ___________________________ DATE OF ISSUE: ___________________________ FEES REC'D: ___________________________

VTM TICKET#: ___________________________ PURCHASE DATE: ___________________________ VALID THROUGH: ___________________________