SKI RESORT NAME

123 Mountain Pass, Alpine Heights
contact@skiresort.com

INVOICE

Invoice #: _____

Date: _____

Season: 2024 / 2025

BILLED TO:

_____
_____
_____
Phone: _____

MEMBERSHIP DETAILS:

Member ID: _____
Pass Type: _____
Valid Until: _____

Description	Qty	Unit Price	Total
Seasonal Membership Package (Full Access)	___	$ _____	$ _____
Equipment Rental Add-on (Locker & Tuning)	___	$ _____	$ _____
Early Bird Discount / Promo Code	___	($ _____)	($ _____)

Subtotal: $ _____
Tax (___%): $ _____
Amount Due: $ _____

Thank you for choosing our slopes for your winter season!

Note: Membership cards are non-transferable and subject to mountain safety regulations.