



SEASON PASS REFERRAL FORM

I am referring the individual named below to purchase a Rapids 2019 Gold Season Pass. (One Form Per Referral)

Friend Family Member

Name:

Please Print Name of Purchaser

I am referring the individual named above to purchase a 2019 Season Pass:

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Print Name of Referring Pass Holder

Signature of Referring Pass Holder

Referring Pass Holder's Email Address

Front Gate Usage Only: *The 2019 Season Pass Holder named above is a current 2019 Gold Season Pass Holder.