

Alpine Valley Resort

2009-2010 Race Team Membership Application

Last Name: _____ Phone Number _____

Address: _____ City: _____ Zip: _____

First Name and Date of Birth:

1. _____ / ____ / ____ / ____

RATE	Before November 30	After November 30
Single	\$371.00	\$404.00

Rules:

1. **NO REFUNDS. ALL SALES FINAL.**
2. **NO LIFT TICKETS AVAILABLE. DO NOT LEAVE YOUR PASS AT HOME!!!**
3. **\$50.00 Replacement Fee for lost or stolen passes.**
4. **Reselling, Exchanging, Lending, or Obtaining passes under false terms will result in loss of pass without refund.**
5. **Season Passes must be clearly visible at all times.**
6. **Pass holders must heed all signs and follow all rules posted or otherwise implied by the Ski Area and Skier Responsibility Code.**

Applicants Signature(s)
I have read and understand all rules!

1. _____ # _____ Date: _____
Season Pass #

Card# _____ Expiration Date _____ Security Code _____
3-digit back of card

Authorized Signature: _____

P.O. Box 615 East Troy, WI 53120 (262) 642-7374 Fax: (262) 642-9873