

ALPINE VALLEY RESORT

2009 - 2010 SEASON PASS APPLICATION

Last Name _____ Phone # _____

Address _____ City _____ Zip _____

E-Mail _____

First Names and Dates of Birth

1. _____ / ____ / ____ 4. _____ / ____ / ____

2. _____ / ____ / ____ 5. _____ / ____ / ____

3. _____ / ____ / ____ 6. _____ / ____ / ____

(Same application may be used for more than one member in the same family, same household and with same last name)

RATES	Before Sept. 30	Before Oct. 31	Before Nov. 30	After Nov. 30
Single	\$424.00	\$446.00	\$467.00	\$489.00
Family of 2	\$848.00	\$892.00	\$934.00	\$978.00

\$150.00 for each additional family member under the age of 21 living in the same household

Type of Payment: Check Visa MasterCard American Express Discover

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

I have Read and understand all the rules

Signature _____ Season pass # _____

Signature _____ Season pass # _____

1. _____ # _____

4. _____ # _____

2. _____ # _____

5. _____ # _____

3. _____ # _____

6. _____ # _____

Date _____ Amount Paid _____

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