



## Season Pass Application

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- Please PRINT the first and last names of family members who will be receiving season passes.
- List the ages of the children as of December 1<sup>st</sup>
- Fill out the contact information on this page and send with payment to:

Pine Creek Ski Resort  
PO Box 340  
Cokeville, WY 83114

		Age	Name (PRINT clearly, please) ☺
Adult	*		
Adult	*		
Child	*		
Child	*		
Child	+\$50		
Child	+\$50		
Child	+\$50		
Child	Free!		
Child	+\$50		
Child	+\$50		

\*Included in family pass (2 adults + 2 kids living in same household, attending K-12 school)

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Select Payment Type:

Cash amount: _____	Check #: _____
Credit card: # _____	Billing Zip Code: _____ CVC _____ Expiration: ____/____

### Policy:

- Season pass holders must wear their pass visibly in order to ride the lift.
- If a pass is lost, stolen or destroyed, you must pay a \$10.00 replacement fee.
- Transfer or unauthorized use of a season pass by anyone other than its rightful owner will result in revocation of the pass and suspension of season pass privileges for one year from the date of the offense.

I have read and understand the above policies.

Signature: \_\_\_\_\_