

# 2024-25 Holiday Valley Season Pass Application

Change of Address New Member

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

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

Home Phone ( ) \_\_\_\_\_ Local Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Please send me news and updates via email.

## SEASON PASS SELECTION - Fill in dollar amount in appropriate space

Name	Birthdate	Day	Night	Combo 25	Combo Rangers <small>Indicate Ski/Snowboard</small>	*Training Center Program	Amount	Jr. Team Combo	Total
_____									
_____									
_____									
_____									
_____									
_____									

Total \_\_\_\_\_

## SEASON PASS POLICIES

- Season passes must be kept in a left hand side sleeve or coat pocket by itself. Do not place near wallet for phone. Only carry your own RFID card. Do not carry multiple cards.
- If the pass is forgotten you will be required to pay the prevailing daily rate. There is a \$20.00 replacement charge for a lost pass.
- Whoever would falsify, forge, counterfeit, alter or tamper with this badge, or willfully allow any other person to have or to use it, or whoever impersonates the lawful person thereon shall be subject to local, state and federal laws.
- For season pass purposes, a family is defined as parent(s) and /or guardian(s) and their children under the age of 18 years, or if a full time college student up to the age of 25 years, at time of pass purchase. All family pass members must reside within the same household. This will be strictly enforced. Proof of age and/or address may be required.
- Children age 6 and under ski free. Please include them on application. Child must be 6 years old or under on date of pass purchase.
- Win-Sum Ski Corp. reserves the right to revoke a season pass for any reason.
- Refunds available only as regulated by law.

Make checks payable to Win-Sum Ski Corp. PO Box 370, Ellicottville, NY 14731-0370 or fax application to 716.699.5204.

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CID# \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_

Date Received \_\_\_\_\_ Total Received \_\_\_\_\_ Dept. Approval \_\_\_\_\_