

**Steamboat Ski Resort Corporation**  
**Season Pass Office**  
**2305 Mt Werner Circle**  
**Steamboat Springs, CO 80487**

Email: Seasonpass@steamboat.com

Telephone: 970-871-5252  
 Fax: 970-871-5262



<b>Name:</b>				<b>Tkt Office Use Only</b>	
<b>Mailing Address:</b>				Date Recvd	By:
<b>City, State, Zip</b>				Pass Type:	
<b>Home Phone:</b>		<b>Cell Phone:</b>		Pass #:	
<b>E-Mail:</b>				Pure Pass #:	
If Passholder is under 18, Name of Person Who Purchased Pass:				F&F #:	
<b>Purchase Method (Circle One):</b>	Phone	Internet	Ticket Office		

1. Spring Pass Deposits are non Refundable (No additional Processing Fees will be applied with the exception of usage fees.)
2. A Processing Fee of up to \$99 will be applied to ALL refunds.
3. After November 23rd, 2011 there we be no refunds for passes with the exception of documented medical refund.
4. Refunds may only be approved for medical problems occurring prior to March 16th, 2012
5. Passes scanned after the date of injury will not be eligible for a refund.
6. On refunds due to medical problems our daily usage fee Schedule for 2011-12 Season determines charges for pass usage.
7. All Refund Requests meeting the above criteria must be submitted by April 1, 2012

Passes purchased with a credit card can only be refunded to the specific card with which it was purchased. Please provide correct purchase credit card information or you can expect delays in the refund process. This will be verified and we MUST REFUND to the original card. (If the Credit Card has been lost/stolen, we also need the new card number)

**PLEASE NOTE: Refunds will be processed within 45 days of receiving all completed paperwork which includes Medical Documentation submitted by your physician. (Passes which were originally paid by Cash/Check may take an additional 45 days)**

**If Purchased with Credit Card - Complete this Section:**

<b>Cardholder Name:</b>		<b>Type of Card:</b>	
<b>Credit Card #:</b>		<b>Exp. Date:</b>	
<b>Pass Holder's Signature:</b>		<b>Date:</b>	

**COMMENTS:**

**Below Portion To be Completed by Ticket Office only:**

<b>Date Medical Form Recvd:</b>		<b>Follow up Call to Passholder on :</b>	
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**Guest Relations Checklist:**

1. Usage Report for Pass -Steamboat	<b>Reason:</b>
2. Refund Request Form, signed and dated.	
3. Fax of Medical Verification from Dr's office	
4. Purchasing Credit Card number verified by Accting	
5. Usage Report Winter Park	
Initial : _____	Non-use prior to Nov. 24th
	New Employee/Merchant Pass
	Medical (Season ending verified by Physician )
	Other: Please note in comments

Paid for Pass	# Days Skied	Usage Charge	Processing Fee	Add'l charge kids pass	Child's Name	Refund Amount
			\$50.00			

**Final Checklist:**

Date Approval Noted in Refund spreadsheet:		Operator/Initials:	
Date Refund processed in Sirius		Operator/Initials:	
TO Director Approval:		Date:	
<b>Accounts Payable Sign Off for Refunds by Check:</b>			
AP Refund Date:		Acct # 395.4352.0001	Amount: \$
Check Mailed w/letter		Processed By:	