



# 2011-2012 Season Pass Application

Name \_\_\_\_\_

(Parent's Name if pass holder is 17 or younger)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

(Please include email address for our electronic newsletter)

Phone \_\_\_\_\_

## SEASON PASS MEMBERSHIPS & RENTAL RATES

Please check the type of membership you are purchasing.

Enter the amount with 6.875% tax from the back side.

Type	Amount
_____ Youth 6-18 years of age	\$ _____
_____ 7 <sup>th</sup> Grade Special (first time buyer)	\$ _____
_____ Individual College	\$ _____
_____ Individual Adult 19+ years	\$ _____
_____ Individual 65 +	\$ _____
_____ Family Pass (# _____ of family members)	\$ _____
_____ Ski Package	\$ _____
_____ Snowboard Package	\$ _____
_____ Ski and Snowboard Combo	\$ _____
<b>Total</b>	\$ _____

### List ALL names on pass. \*REQUIRED INFORMATION

Immediate Family Only (Spouse and legal dependents)

\*First Initial \*Last \*Birth Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Early Bird Gift – Postmarked by October 6, 2011

(Must check one to receive gift – if unchecked we will send lift pass – one gift per application)

\_\_\_\_\_ One guest pass \_\_\_\_\_ 2 tubing tickets

### SEASON PASS CARD FORMAT FOR 2011 - 2012!

\_\_\_\_\_ I would like to use last year's picture

\_\_\_\_\_ Email digital picture(s) to [info@skigull.com](mailto:info@skigull.com) or mail picture(s) to PO Box 612 Nisswa, MN 56468

#### Pictures can also be taken:

- Thursday, October 6, 2011 at The Lodge of Brainerd Lakes from 5:30 –7:30 PM
- Sunday, November 13<sup>th</sup>, 2011 from 1:00-3:00 PM at Ski Gull's Open House and Equipment Swap.
- By appointment before December 3, 2011
- Weekends and evenings after December 3, 2011

\*\*\*\*PLEASE NOTE: Passes bought prior to opening will be mailed.

If you receive a receipt in the mail after opening please bring to ticket counter to pick up season pass. Re-issued passes will be subject to a \$10.00 replacement fee.

A waiver must accompany all season passes.

*THANK YOU and we look forward to seeing you on the slopes!*

Date of Purchase: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

\_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ V Code \_\_\_\_\_

Signature of card holder (or Ski Gull staff member if a phone order)

### Office Use Only:

Pass Made: \_\_\_\_\_ / \_\_\_\_\_  
(Date) (Initial)

Pass mailed: \_\_\_\_\_ / \_\_\_\_\_  
(Date) (Initial)

Pass Picked up: \_\_\_\_\_ / \_\_\_\_\_  
(Date) (Initial)

Recorded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date/Initial) (Date/Initial) (Date/Initial)  
QB Database e newsletter

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\*First Initial \*Last \*Birth Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Thank you for becoming a member of Ski Gull – your community owned non-profit recreational facility!*

P.O. Box 612 \* Nisswa, MN 56468\*(218) 963-4353\*[www.skigull.com](http://www.skigull.com)\*[info@skigull.com](mailto:info@skigull.com)\*

