



# Bittersweet

600 River Road • Otsego, Michigan 49078 • 269-694-2032

## 2011 - 2012 Season Pass Application Form

FAMILY LAST NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

	BEFORE Sept. 30	BEFORE Oct. 31	BEFORE Nov. 30	AFTER Nov. 30
Single	\$324.00	\$349.00	\$379.00	\$409.00
Family of Two	\$499.00	\$524.00	\$554.00	\$584.00
Family of Three	\$624.00	\$649.00	\$679.00	\$709.00
Family of Four	\$749.00	\$774.00	\$804.00	\$834.00
Add'l Family Member	\$125.00	\$125.00	\$125.00	\$125.00

Please list Pass Holder's Names and Birthdates:

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      4. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      5. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 3. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      6. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SEASON RULES AND REGULATIONS:

1. NO REFUNDS. ALL SALES ARE FINAL.
2. NO LIFT TICKETS ARE 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 Pass 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.
7. Pass holders must be immediate family living in the same household and 21 years of age or under.

### APPLICANT SIGNATURE(S):      SEASON PASS #

I have read and fully understand the afore mentioned rules and regulations

1. \_\_\_\_\_ # \_\_\_\_\_  
 2. \_\_\_\_\_ # \_\_\_\_\_  
 3. \_\_\_\_\_ # \_\_\_\_\_

### APPLICANT SIGNATURE(S):      SEASON PASS #

I have read and fully understand the afore mentioned rules and regulations

4. \_\_\_\_\_ # \_\_\_\_\_  
 5. \_\_\_\_\_ # \_\_\_\_\_  
 6. \_\_\_\_\_ # \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Senior Citizens Take an additional 5% off.**

Type of Payment: Check # \_\_\_\_\_

Or Visa/MasterCard Authorization (In Lieu of Phone)

Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Sec. Code (on back): \_\_\_\_\_

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