



# 2010-2011 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 price sheet.

<u>Type</u>	<u>Amount</u>
_____ Youth 6-18	\$ _____
_____ 7 <sup>th</sup> Grade Special (First time buyer)	\$ _____
_____ College	\$ _____
_____ 65+	\$ _____
_____ Adult	\$ _____
_____ 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 September 23, 2010**  
 (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 2010 - 2011!**

Picture options, please check your preference:

\_\_\_\_\_ 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, September 23, 2010 at The Lodge of Brainerd Lakes from 5:30 –7:30 PM
- Sunday, October 24, 2010 from 1:00-3:00 PM at Ski Gull's Open House and Equipment Swap.
- During business hours, Monday – Friday, 9 am – 3 pm
- Weekends and Evenings when our winter sports season opens.

**\*\*\*PLEASE NOTE:** Passes bought prior to opening will be mailed. If you only receive a receipt in the mail, it means you are a new pass holder or have asked for a new photo.

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)

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

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

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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)\*