

Bogus Basin Season Pass Refund Request

Passholder(s): Use 2 forms if needed

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Office Use Only

SP#	Type	P/U?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone # _____

VISA, MC, or DISC **posts to acct in 2-3 weeks CC# _____ Exp. _____

BOGUS BUCKS **mailed in 2-3 weeks _____

CHECK **mailed in 4-6 weeks

Name: _____

Address: _____

City, State, Zip _____

Office Use Only

Specific date on docs? _____

Reason for expenditure:

- Relocation
- Medical Condition: Surgery / Injury / Pregnant / Other
- Other: _____

Office Use Only:

Refund approved by: _____ Date: _____ Total \$ _____