



# REIMBURSEMENT REQUEST FORM

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Leavenworth, WA 98826  
206-812-4510 - 360-973-1101 Fax  
Email: [guestrelations@stevenspass.com](mailto:guestrelations@stevenspass.com)  
Website: [www.stevenspass.com](http://www.stevenspass.com)

### Reimbursement Schedule:

**Unused Pass** - 100% anytime throughout the season

### If you've used your pass:

- Opening Day - December 31st - 75%
- January 1st - February 28th - 50%
- March 1st - End of Season - 0%

### Reimbursement Eligibility:

To be considered for reimbursement you must fall into one of the following categories:

- Have a documented medical condition making you unable to ski or ride for the remainder of the season.
- Been relocated out of the area due to employment or deployment.

### Method of Reimbursement:

- Reimbursement will be made in the form of a SnoDough Gift Card.

### Requesting a Reimbursement:

To expedite your reimbursement you must provide the following:

- Completed Reimbursement Request Form
- Appropriate documentation supporting illness, injury or relocation.
- Keep your media(pass)card for future renewal purposes

Request for reimbursement must be received by Stevens Pass within 30 days of when medical condition or relocation occurred.

- For medical condition a letter from a licensed medical provider including the date of the onset of condition and the prognosis stating the pass holder is unable to ski or ride do to the condition, is required.
- For relocation documentation proving a change of residence to a location outside a 200-mile radius is required. Acceptable documentation includes a letter from a new employer or the military stating date of job assignment or deployment.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

OFFICE USE ONLY					
Date of Request:     /     /	Media Code: _____	Media Type: _____	Percentage (%) of reimbursement: _____%		
Informed guest media disabled, if applicable	Date:     /     /	Cashier: _____ N/A	Media Hotlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cashier: _____ N/A	
Requested documentation	Date:     /     /	Cashier: _____	Documentation received	Date:     /     /	Cashier: _____
Original Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other	
CC Type:    Visa       MC       AmEx	CC #: _____	Exp: _____			
Method of Reimbursement:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> SnoDough	Date Reimbursed: _____ Cashier: _____