



REIMBURSEMENT REQUEST FORM

PO Box 609
Leavenworth, WA 98826
206-812-4510 - 360-973-1101 Fax
Email: guestrelations@stevenspass.com
Website: www.stevenspass.com

Reimbursement Schedule:

Prior to Opening Day	100% less \$50 processing fee
Opening Day to December 31 st	75% less \$50 processing fee
January 1 st to February 15 th	50% less \$50 processing fee

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:

Reimbursement requests **will not be accepted after February 15, 2010**. 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
Informed of \$50 processing fee, if applicable	Date: / /	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:	_____	