



# REIMBURSEMENT REQUEST FORM

PO Box 609  
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 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.

Reimbursement requests for the 11-12 season will be accepted through May 31, 2012. After that time, no reimbursement for the 11-12 season will be accepted.

### 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%

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  No      Cashier: \_\_\_\_\_ N/A

Requested documentation     Date:     /     /     Cashier: \_\_\_\_\_     Documentation received     Date:     /     /     Cashier: \_\_\_\_\_

Original Method of Payment:      Cash      Check      Credit Card      Other

CC Type:     Visa     MC     AmEx     CC #: \_\_\_\_\_     Exp: \_\_\_\_\_

Method of Reimbursement:      Cash      Check      Credit Card      SnoDough     Date Reimbursed: \_\_\_\_\_     Cashier: \_\_\_\_\_