

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

# **Season Pass 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

Reimbursement requests for the 17-18 season will be accepted through May 31, 2018. After that time, no reimbursement for the 17-18 season will be accepted.

Note: Lesson and rental reservations are non-refundable and non-transferable. To cancel a reservation prior to the date of redemption, please refer to the reservation cancellation policy on the lesson or rental equipment pages of the website for more information and the cancellation policy in full.

## Season Pass 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%

#### \*Powder Packs used 2 days or less:

- •Minus full-priced tickets based on date(s) of your visit
- •Powder packs used 3 or more days are ineligible for reimbursement.

\*The highly discounted or complimentary specialty passes, such as Retailer Pro, Instructor, Subaru, etc. are not eligible for reimbursement under this policy.

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: En			il:	
Address:								City:			State:	Zip:
Reason for Reimbu	ırseme	ent:										
Date of Request:	OFFICE USE ONLY / / Media Code:						: USE ONLY Media Type:	Percentage (%) of reimbursement:%				
Informed guest media	disabled	d, if applicab	ole Date:	/ /	/	Cashier:	N/A	Media Hotlisted? Yes o N	lo <b>o</b>	Cashier:	N/A	
Requested documentar	ion		Date:	1	/	Cashier:	-	Documentation received	Date:	/ /		Cashier:
Original Method of Pay	ment:	o Cash	o Check	o Credit	t Card	o Other						
CC Type: Visa	Visa MC		AmEx		CC #:					Exp:		
Method of Reimbursen	nent:	o Cash	o Check	o Credit	Card	o SnoDough		Date Reimbursed:				Cashier: