

Bogus Basin Season Pass CREDIT – Submit with *specifically* dated documentation AND season pass, if issued

Passholder(s): Use 2 forms if needed

1. _____
2. _____
3. _____
4. _____

Office Use Only

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

PHONE # _____ EMAIL _____

BOGUS BUCKS – MAIL TO: Name: _____

Address: _____

City, State, Zip _____

Office Use Only:

Approved by: _____ Date: _____ Total \$ _____

Specific date on docs? _____

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