



Mt. Hood Skibowl Winter Season Pass Application 2011-2012

High School Coach	Mt. Hood Academy Coach
Volunteer Ski Patrol	Mogul Busters Coach
Tline Employee Exchange	Other _____

Circle Pass being purchased

Last Name _____ First Name _____

Address _____

State _____ Zip _____ Phone (_____) _____ - _____

D.O.B. ___/___/___ E-mail _____



Payment Information:

Cash ___ Check ___ AMEX ___ Visa ___ MasterCard ___ Disc ___

Comp: _____ KDH Comp _____

Total Amount \$ _____ Name On Card _____

Card Holder Signature _____



Amount Received: _____

Received on: _____

Received by: _____

Manager Signature: _____

