



SEASON PASS APPLICATION FORM

Please **MAIL THIS FORM** with your check or money order to:

Jay Peak Resort
830 Jay Peak Rd.
Jay, VT 05859

NAME _____

PERMANENT ADDRESS _____

CITY _____

STATE _____ ZIP _____ TEL _____
PROVINCE _____ POSTAL CODE _____

EMAIL _____ COLLEGE _____
UNI/CEGEP _____

PASSHOLDER NAME _____

DOB mm/dd/yy	SEASON PASS PRODUCT	PRICE	6% VT TAX	INDIVIDUAL TOTAL
/ /				

PASSHOLDER NAME _____

DOB mm/dd/yy	SEASON PASS PRODUCT	PRICE	6% VT TAX	INDIVIDUAL TOTAL
/ /				

PASSHOLDER NAME _____

DOB mm/dd/yy	SEASON PASS PRODUCT	PRICE	6% VT TAX	INDIVIDUAL TOTAL
/ /				

PASSHOLDER NAME _____

DOB mm/dd/yy	SEASON PASS PRODUCT	PRICE	6% VT TAX	INDIVIDUAL TOTAL
/ /				

PASSHOLDER NAME _____

DOB mm/dd/yy	SEASON PASS PRODUCT	PRICE	6% VT TAX	INDIVIDUAL TOTAL
/ /				

PASSHOLDER NAME _____

DOB mm/dd/yy	SEASON PASS PRODUCT	PRICE	6% VT TAX	INDIVIDUAL TOTAL
/ /				

GRAND TOTAL: _____

• Category Age Ranges: You must be in the age range for your category at the start of the 24+25 ski/ride season.

• To be eligible for the gift package, you must purchase by October 14th, 2024 (Tier 3 deadline). Please make sure your mailing address is correct so your gift connects with you easily.