



# SEASON PASS APPLICATION FORM

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

**Jay Peak Resort  
830 Jay Peak Rd  
Jay, Vermont  
05859**

NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ COLLEGE \_\_\_\_\_  
UNI / CÉGEP \_\_\_\_\_

**PASSHOLDER  
NAME**

DOB mm/dd/yy	PASS NAME	PRICE	6% VT TAX	INDIVIDUAL TOTAL
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DOB mm/dd/yy	PASS NAME	PRICE	6% VT TAX	INDIVIDUAL TOTAL
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**GRAND TOTAL →**