



2010-2011

DRY HILL SKI AREA SEASON'S PASS APPLICATION

P.O. Box 202, Watertown, New York 13601, 315-782-8584

Fax: 315-782-1741

HEAD OF HOUSEHOLD \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

OPTIONAL CONTACT PERSON IN CASE OF INJURY OR EMERGENCY (other than head of household) \_\_\_\_\_

PHONE # \_\_\_\_\_

		AGE	SKIING OR SNOWBOARDING
SKIERS TO RECEIVE PASSES	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
	4.	_____	_____
	5.	_____	_____
	6.	_____	_____
	7.	_____	_____

Have you ever had a season's pass at Dry Hill Ski Area?

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Payment: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ VISA / MASTER CHARGE \_\_\_\_\_

DATE OF PAYMENT

Amount Due	\$ _____	_____
Amount Paid	_____	_____
Balance	_____	_____
Payments	_____	_____
Paid in Full	_____	_____

What radio stations do you and your family listen to the most? 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

What improvement(s) would you most like to see at the Dry Hill Ski Area? \_\_\_\_\_

Just mail this application with your check to: DRY HILL SKI AREA, P.O. BOX 202, WATERTOWN, NEW YORK 13601

~ \* PLEASE DO NOT MAIL CASH -- MASTERCARD OR VISA MUST BE DONE AT AREA OR OVER THE PHONE ~

We require you to familiarize yourself with the Skier Responsibility Code and the Warning to Skiers. If you are not willing to accept the risks of skiing, please do not ski at this area.

~ NO REFUNDS ~