

2014-2015 MOUNT PLEASANT WEEKDAY PASS APPLICATION FORM

Name:		Phone:		
Address:				
			Zip Code:	
Email Address:				
•	TO November 30, 2014 nber 1, 2014 OR AFTER			
All W	eekday Pass Holders Tub	e for FREE on The	ursdays 3:30 - 9	9:00 P.M.
For a family of 2 or more \$648.00. Applies to imme	take 10% off of total price. (Eediate family only).	xample: 3 children w	rould normally be	\$720.00, discounted price is
Paid//	Cash \square	Check	#	Credit Card □
If application is mailed in	: Credit Card Number			
	Name as it appears on c	ard:		
		3-4 Digit		
	Exp. Date:	Security Code:		
Please make checks pay	able to: Mount Pleasant of E	idinboro Red	ceived Pass:	(please initial)
it will be immediately and portion the pass must be visible to home. If the pass is lost or to use it as stipulated. The I	day Pass is NONTRANSFERABL ermanently revoked. A Weekday lift operators and management value, there will be a \$20.00 reploass Holder is expected to ski/right all equipment safety requirem	Pass is valid Monday the whenever using the lift. acement fee. Once the de obeying the rules and	nrough Thursday, do A lift ticket must be pass is issued it is	uring normal hours of operation. purchased if the pass is left the Pass Holder's responsibility
personal injury including, ca conditions, or surface or su ties: or rocks, forrest growth or maintenance of a ski faci in skiing, which are set forth PA also imposes duties upo	and Snowboarding, like many oth tastrophic injury, or death, or probsurface snow, ice, bare spots on, debris, branches, trees, stumplity in PA. state. PA law imposes a above, so that you make an information you, to which you must adhere to assume all of these risks and a	pperty damage, which r r area of thin cover, mo s: or other natural or ma a duty on you to becon ormed decision whether e for the purpose of avo	nay be caused by v guls, ruts, bumps, c an made objects that ne apprised of and or r to participate in sk iding injury caused	ariations in terrain or weather or other persons using the faciliat are incidental to the provision understand the risks inherent kiing not withstanding the risks. by any of the risks inherent in
I have read the above a	nd agree to all stipulations	and responsibilities	as stated.	
Signature (if under 18 ye	ears of age, signature of a lega	al guardian)	Date	

Mail this completed application to the "Mailing Address" below or purchase your Season or Weekday Passes and register for other programs online under the "Shop" tab.

Mount Pleasant of Edinboro

Mailing Address: 23301 Plank Road, Venango, PA 16440

Physical Location: 14510 Mt. Pleasant Road, Cambridge Springs, PA 16403

Phone: 814-734-1641 • Fax: 814-734-3843 • www.skimountpleasant.com