SKI SUNDOWN
2026-2027

New Participant - Program Add On Request - Program Change Request
Refund Request – Medical Refund Request

GROUP NAME: _____ **DAY:** _____

PARTICIPANT'S NAME: _____

☐ **New Participant Registration***

* **After November 13, 2026 there is a $25 fee** for any new or late registrants. No new participants allowed **after November 30, 2026. Have participant make an account online and email** ***groupservices@skisundown.com*** **Then add them to your roster.**

Lift & Lesson___ Lift Only___ Rental Equipment ___ **Season Passholder** Lesson Only____

☐ **ADD ON***

*add-ons to programs (including equipment rentals and lessons) made after **November 13, 2026** are subject to a $25 fee**. No lessons added on after November 30, 2026.**

Lesson_____ Rental Equipment _____

☐ **CHANGE***

*No lesson changes allowed after **November 30, 2026.** No removals after **January 4, 2027.** All changes are subject to $25 fee.

Change Lesson _____ Remove Lesson_____ Remove Rental Equipment _____

Notes: _____

_____

☐ **REFUND** (Full refund if received by **November 30, 2026.** If received between **November 30, 2026 and January 4, 202**7, $25 fee will be applied. No refund given after **January 4, 2027**

Lift & Lesson _____
Lift Only _____
Lesson Only _____
Rental Equipment _____
TOTAL REFUND AMOUNT = _____

Mail Refund to:
Name: _____
Address: _____
_____
_____

☐ **PROTECTION POLICY (MEDICAL) REFUND (PRORATED)**

(Request must be received by March 12, 2027) This Policy Covers injury or illness that prevents Participant from the completion of the program. Injury or illness must be confirmed by a letter from a **licensed physician**.

Lift & Lesson _____
Lift Only _____
Lesson Only _____
Rental Equipment _____
TOTAL REFUND AMOUNT = _____

Mail Refund to:
Name: _____
Address: _____
_____
_____

Group Leader _____ **Group Leader Signature**_____ **Date**_____
(Please print)