



2009-2010

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 ~