

REFUND REQUEST FORM

2024-2025 SALT LAKE SKI SUPER PASS REFUND REQUEST

Refunds will be issued by check or credit card within (60) days of presentment of unused ticket stock or print vouchers which have not been activated (presented for one or more uses at any resort) under the following terms and conditions:

1) Salt Lake Ski Super Pass refund requests must be presented **on or before June 1** following the conclusion of the ski season for which the pass was issued.

2) Notwithstanding paragraph (1) above, refunds for activated Super Passes may be issued when: 1) state-mandated travel ban from the guests' home state or region impacts travel; 2) both Cottonwood Canyons were closed for a full ski day during the dates the Super Pass was active. Visit Salt Lake will not guarantee refunds based on injury or sickness but will review customer refund requests on a case-by-case situation when presented with documentation from a medical authority. It is at Visit Salt Lake's sole discretion as to whether a refund is issued. **Any refund requested under the conditions provided in (1) or (2) herein must be claimed within ten (10) business days of the occurrence.**

Additional information on Visit Salt Lake's refund policy can be found here:
<https://www.visitsaltlake.com/things-to-do/skiing-snowboarding/super-pass/faq/>

CHOOSE ONE

I AM A HOTEL EMPLOYEE If a hotel employee: name of Hotel _____
OR hotel address _____
 CUSTOMER If a customer:
NAME OF PURCHASER _____
EMAIL ADDRESS _____
PHONE NUMBER _____
STREET ADDRESS _____

PAYMENT INFORMATION

Today's Date: _____ Original Purchase Date: _____
Original Credit Card Number: _____ Exp | _____
Or _____ select for refund by check, *only for original purchase by check*
Number of Passes To Be Refunded: _____
Total Refund Amount: \$ _____

REFUND REASON

Medical Emergency - Documentation required, please include with form.
 Both Cottonwood Canyons were closed on _____ (enter date).
 Other (booking error or bulk order refund) Describe: _____

PASS INFORMATION

ENTER: _____ EMAIL FORM TO: **tickets@visitsaltlake.com**
Voucher Number OR Pass Numbers *REQUIRED* with subject line "Super Pass Refund"
OR
 MAIL CARD(S) WITH THIS FORM TO: Visit Salt Lake
Attn: Kate Helsby
90 South West Temple
Salt Lake City, UT 84101

OFFICE USE ONLY: Usage verified Cancelled in Axxess date: _____ Refunded date: _____