

## Merchant Pass Refund Request Form

Merchant		<b>SSRC Use Only</b>		
Administrator Name		Date Recvd		By:
Signature		Date	Pass Type	
Pass Holder's Name		Pass or IP #		
Signature:		Date	F&F #	

**1. Merchant Passes will only be refunded for documented medical conditions preventing the Pass holder from skiing the remainder of the season or if an employee becomes employed by the Steamboat Ski & Resort Corporation.**

**2. Passes scanned after the date of injury will not be eligible for a refund.**

**3. No refunds will be granted for medical problems that arise after March 15, 2018**

**4. A pre-determined usage will be assessed on each scanned day of the pass being refunded.**

**5. A \$50 processing fee will apply to each pass.**

**6. All Refund Requests meeting the above criteria must be submitted by March 31, 2018**

Medical Refund requests must be submitted by the Merchant (if the Merchant is not able to transfer the pass to another employee), and requests for refunds must be submitted utilizing the current Merchant Pass Refund form, and accompanied by Physician Disability Verification Form signed by the attending physician.

**PLEASE NOTE: Refunds will be processed within 30-45 days of receiving all completed paperwork which includes Physician Disability Verification submitted by your physician. Refunds will be made payable directly to the merchant in the form of a check or back to the merchant credit card used for the program.**

**Reason for Refund/Comments:**

Completed forms can be submitted via e-mail to

[Ticketvoucher@steamboat.com](mailto:Ticketvoucher@steamboat.com)

or mailed to

**Steamboat Ski & Resort Corporation**  
**Attn: Merchant Pass Program**  
**2305 Mt. Werner Circle**  
**Steamboat Springs, CO 80487**

**Below Portion To be Completed by SSRC Staff only:**

<b>Pre-Sold Services Checklist:</b>						
	1. Usage Report for Pass -Steamboat					<b>Reason:</b>
	2. Usage Report Winter Park					New SSRC Employee
	3. Refund Request Form, signed and dated.					Medical (Season ending verified by Physician )
	4. Fax of Medical Verification from Dr's office					Other: Please note in comments
<b>Pass Price</b>	<b># Days Skied</b>	<b>Usage Charge</b>	<b>Processing Fee</b>	<b>Add'l charge kids pass</b>	<b>Child's Name</b>	<b>Refund Amount</b>
			<b>\$50.00</b>			
Approval:					Date:	