

Merchant Pass Refund Request Form

Merchant		SSRC Use Only		
Administrator Name		Date Recvd		By:
Signature	Date	Guest IP #		
Pass Holder's Name				
Signature:	Date			

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 in the valid pass season.
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 in the valid pass season.

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

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:

Pre-Sold Services Checklist:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Usage Report for Pass -Steamboat
3. Refund Request Form, signed and dated.
4. Fax of Medical Verification from Dr's office | Reason: New SSRC Employee
Medical (Season ending verified by Physician) |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

Pass Price	# Days Skied	Usage Charge	Processing Fee	Dependent Pass Charges	Dependent Names / IP #s	Refund Amount
			\$50.00			
Approval: _____					Date: _____	