



## LOCALS' SEASON PASS APPLICATION

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

All information on this application must be submitted fully and accurately in order for your season pass to be approved. Please note, proof of residency (utility bill, lease, etc.), along with proof of disability must be submitted with this application. Furthermore, all Challenge Aspen waivers MUST be signed prior to picking up your pass. If you have any questions, please contact Nikki Malcolm at [nikki@challengeaspen.com](mailto:nikki@challengeaspen.com) or at 970-923-0578 .

### PERSONAL CONTACT INFORMATION

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### MEDICAL INFORMATION

Please state your disability and describe any other medical conditions you feel we should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TICKET PICK-UP INFORMATION

At which ticket window/season-pass office will you pick up your pass? \_\_\_\_\_

### PHYSICIAN INFORMATION

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_