



EPIC PRODUCT ORDER FORM

First Name _____ Last Name _____

Date of Birth _____ Email _____

Mailing Address _____

CELL Phone # _____

Ski Club name: Hudson Valley Ski Club

Ski Club trip destination and dates: Crested Butte, CO January 25 -February 5, 2022

Type of pass requested: 5 Day EPIC Limited/Restricted Pass Adult

6 Day EPIC Limited/Restricted Pass Adult

EPIC Local Pass Adult

Dates of travel: 1/25/2022 – 2/5/2022

If you have an EPIC account, please provide EPIC ID# (Mandatory): _____

Forms that are not completed and/or unendorsed will not be accepted.
Please carefully review all terms and conditions of sale. By endorsement of this order form, passholder provides enforceable consent for the terms, conditions, policies, and procedures set forth per Vail Resorts online policy identified on this document. We also encourage you to visit the same information online via the links listed below as Vail Resorts occasionally makes updates to their terms. Passholder also attests that he/she has carefully examined the allowances and/or restrictions conferred with the specific EPIC product he/she has purchased.

Passes are non-transferable and non-refundable.

Terms of Sale:

<https://www.epicpass.com/footer/terms-and-conditions.aspx>

<https://www.epicpass.com/footer/privacy.aspx>

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I agree to the above. Signed _____ date _____