

EPIC PRODUCT ORDER FORM

First Name _____ Last Name _____

Date of Birth _____ Email _____

COMPLETE Mailing Address _____

CELL Phone # _____

Ski Club name: _____

Ski Club trip destination and dates: _____

Type of pass requested: _____

Price: _____

Dates of travel: _____

Number of days requested: _____

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

If above is a minor, identify age and head of household: _____

Encompasse cannot accept order forms that are unsigned or incomplete. Please carefully review all terms and conditions of sale. By signing this order form, skier attests that he/she has reviewed the terms and conditions of sale via the web links provided below. Skier also confirms understanding of all applicable rules and restrictions associated with pass requested. "Restricted" EPIC pass products may not be used on November 25 & 26, December 26-31, January 14 and February 18 & 19. "Limited" EPIC products may not be used at Whistler, Vail, Beaver Creek, Breckenridge and Park City.

Passes are non-transferable and non-refundable.

Terms of Sale:

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

<https://www.epicpass.com/info/epic-coverage-terms-and-conditions.aspx>

I agree to the above. Signed _____ date _____