

Crystella 2021 Season Pass Application

Pass No(s). _____ (office use)

Type of Season Pass (check one):	<input type="checkbox"/> Family (limited to immediate family members) (\$80/\$65 if purchased before January 15) <input type="checkbox"/> Individual (\$35/\$25 if purchased before January 15)
Street Address:	Email:
City:	Phone (home or cell) (circle one):
State:	2nd Phone (home or cell) (circle one):
ZIP	

Complete the following information for the individual/each season pass user ("Users"):

Last Name	First Name	Age/DOB	Pass No. (office use)

Instructions:

1. Complete this Season Pass Application
2. Take a photo of each User using phone or digital camera. The photo should be like a passport or license photo - head and shoulders of the User only with no sunglasses or goggles clearly showing face. Send photo(s) in .jpeg file type to skicrystella@gmail.com or text to 248-506-7312. Include only one photo in each email/text and include the first and last name of the person who appears in the email/text sending each photo. If you need assistance please email skicrystella@gmail.com.
3. Read and sign the **Crystella 2021 User Contract**.
4. Send this completed Season Pass Application and User Contract via email to skicrystella@gmail.com
5. Send (a) the paper copy of this completed Season Pass Application, (b) User Contract and (c) a check written to **Crystella Recreational Association, Inc.** to: P.O. Box 84, Crystal Falls, MI 49920.

*** Questions: Call or email Kate at 248-506-7312 or skicrystella@gmail.com.