



College Representative Information Sheet

Please complete the following information for Mount Snow's records to sign on as a campus rep and get started towards earning your free season pass!

Name _____ Date of Birth ____/____/____

Name of College _____ Year _____

School Address _____

City _____ State _____ Zip _____

Permanent Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

School Email Address _____

Personal Email Address _____

Registrar's Office Phone Number _____

Campus Clubs You're a Member of _____

If you have any questions contact:

magan@mountsnow.com

Mary Agan

Attn: Group Sales

Mount Snow Resort

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