



mount snow

VERMONT

College Representative Information Sheet

Date: _____

In order to process the paper work for your complimentary college season pass and commission sales, please complete the following information for Mount Snow's records.

Name: _____

Date of Birth: ___/___/___ Age: _____

Name of College: _____ Year: _____

Permanent Address (required) _____

Temporary/School Address _____

Phone (home or cell) _____ (college) _____

Email Address: _____

Registrar's Office Phone Number: _____

*These sections are important as they allow us the ability to contact you in the summer so that we can help you get started selling passes as soon as the school year starts in the fall.

If you have any questions contact:

magan@mountsnow.com

Mary Agan
Attn: Group Sales
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