

DISCOUNT SKI LIFT TICKET ORDER FORM - PRICES ARE ONLY VALID 1/1/2019 THRU 1/10/2019**



EMAIL form to ...
Fill out a fillable PDF form and email to
Zoe at Zvolker@cobar.org



MAIL form to ...
CBA-CLE, 1900 Grant St, Suite 300
Denver, CO 80203-4303



FAX form to ...
when using VISA, MC or AmEx
FAX to: (303) 860-0624

Description	No. of Days	Snowmass Advanced Purchase Pricing	SPECIAL LEI DISCOUNT	No. of Tickets	Total Price
Adult Lift Ticket (13-64):					
	<input type="checkbox"/> 1-DAY	\$155	\$139		
	<input type="checkbox"/> 2-DAY	\$290	\$249		
	<input type="checkbox"/> 3-DAY	\$435	\$349		
	<input type="checkbox"/> 4-DAY	\$540	\$449		
	<input type="checkbox"/> 5-DAY	\$675	\$539		
	<input type="checkbox"/> 6-DAY	\$810	\$619		
	<input type="checkbox"/> 7-DAY	\$945	\$679		

Senior Lift Ticket (65 plus):					
	<input type="checkbox"/> 1-DAY	\$102	\$99		
	<input type="checkbox"/> 2-DAY	\$184	\$159		
	<input type="checkbox"/> 3-DAY	\$276	\$249		
	<input type="checkbox"/> 4-DAY	\$326	\$309		
	<input type="checkbox"/> 5-DAY	\$410	\$389		
	<input type="checkbox"/> 6-DAY	\$492	\$459		
	<input type="checkbox"/> 7-DAY	\$574	\$545		
Seniors ages 70 and over:	Unlimited on all four mountains. Redeem at main ticket office with valid ID	\$514			

Child Lift Ticket (7-12):					
	<input type="checkbox"/> 1-DAY	\$102	\$99		
	<input type="checkbox"/> 2-DAY	\$184	\$154		
	<input type="checkbox"/> 3-DAY	\$276	\$239		
	<input type="checkbox"/> 4-DAY	\$326	\$299		
	<input type="checkbox"/> 5-DAY	\$410	\$359		
	<input type="checkbox"/> 6-DAY	\$392	\$439		
	<input type="checkbox"/> 7-DAY	\$574	\$525		

THESE TICKETS ARE NOT REFUNDABLE WITHOUT A WRITTEN MEDICAL STATEMENT FROM A PHYSICIAN.THERE WILL BE NO EXCEPTIONS.
****THEY MAY BE USED ONLY DURING THE PERIOD OF JANUARY 1 THROUGH JANUARY 10, 2019.**

Name _____ E-Mail Address _____

Firm/Organization _____

Street Address _____ City/State/Zip _____

Telephone () _____ Fax () _____

Program Registered for: _____

Reservations at (check one): Westin Wildwood Other When are you arriving? _____

PAYMENT METHOD: Enclosed is my check made payable to CLE VISA MasterCard AmEx

Credit Card # _____ Exp. Date _____

Signature (Required for credit card orders) _____

ALL ORDERS MUST INCLUDE A CHECK OR CHARGE CARD INFORMATION