



**CABERFAE PEAKS**  
 SKI & GOLF RESORT  
 231-862-3000  
 WWW.CABERFAEPEAKS.COM

# 2011 - 2012 Season Pass Application

## SEASON PASS OPTIONS FOR AGES 9 AND UP

**\$149 WEEKEND PASS (WP)** - Valid all Saturdays & Sundays

**\$149 MIDWEEK PASS (MP)** - Valid every Monday thru Friday

**\$248 PEAK PASS (PP)** - Valid seven days a week

## SEASON PASS OPTIONS FOR AGES 8 AND UNDER

**\$10 CHILD WEEKEND (CW)** - Valid all Saturdays & Sundays

**\$10 CHILD MIDWEEK (CM)** - Valid every Monday thru Friday

**\$20 CHILD PEAK (CP)** - Valid seven days a week

*Note: Children ages 8 & under will not receive a lift ticket without their own pass, unless an adult, daily lift ticket is purchased.*

	<u>Passholder Names</u> (as it will appear on pass)	<u>Age</u>	<u>Pass Code</u> WP-MP-PP CW-CM-CP	<u>Price</u>
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
Please print clearly to ensure proper processing.			<b>Total</b>	\$

## **SEASON PASS PHOTO PROCESS**

Please email season pass photos to: [photos@caberfaepeaks.com](mailto:photos@caberfaepeaks.com), or mail them in with your application. If we do not receive an updated photo and have an electronic photo on file from last year, we will use that one.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

FOR PHONE ORDERS PLEASE CALL OUR OFFICE AT **231-862-3000**

PAYMENT INFORMATION		OFFICE USE ONLY
Visa _____ MC _____ Discover _____ Check _____ Cash _____ CC# - _____ - _____ - _____ Ex: _____ CVV: _____ Charge signature required: _____ Amount: \$ _____ Mail to: CABERFAE PEAKS CABERFAE RD. CADILLAC, MI 49601		DATE RECEIVED: DATE PROCESSED: PHOTOS INCLUDED: