

HOODOO CLUB APPLICATION

The Cascades Premiere Skier Discount Club

Hoodoo Ski Area I Hwy 20, Box 20, Sisters, OR 97759 I (541) 822-3799

PLEASE PRINT Name:		Phone:				
Address:):			
Date of Birth: / /	Age:	Email:				
PLEASE CHECK ONE:	Previous Member? []	New Member? []				
ADDITIONAL FAMILY MEMBERS	S OR OTHER				W? LE ONE	
2. Name:	DOB: / / _	Age: Signature:	Para Section 1	Υ	N	
3. Name:	DOB://	Age: Signature:	9 9	Υ	N	
4. Name:	DOB: / / _	Age: Signature:	*	Υ	N	
5. Name:	DOB: / / /	Age: Signature:	9	Υ	N	
ALL-DAY (valid from open to close): NIGHT SKIING ONLY: RULES OF MEMBERSHIP PLEASE INITIAL EACH SECTION AND	Adult - \$14	Young Adult - \$30 Young Adult - \$14				
You must present Picture C This is a swipe card that g		lub discount when purchasin	g a lift ticket. Ini	tial _		
If you forget your card you do not get a discount.					Initial	
Club Hoodoo membership i	s non-transferable and nor	n-refundable.	lni	tial _		
You can only use your card	/ discount once per day.		Ini	tial _		
•		ki Area and U.S. Forest Servic d to adhere to the Your Respo	•	tial _		
time based on weather and	d snow conditions. Hoodoo tion and/or areas open for	d closing dates and operating Ski Area reserves the right skiing at any given time, ba	to determine	tial _		
	_	Hoodoo membership withouth the above conditions and		tial _		
Replacement fee for a lost	card \$35.00. Notify Hoodoo	ASAP.	Ini	tial		

I have read the above and I understa	nd, accept and agree to	comply with	all stated terms	and conditions.	
Signature of Club Member:			Date)	
Signature of Parent, if a minor:			Date		
PAYMENT INFORMATION (please indica	ate amount to be purchased):			
= <u>·</u>	× \$50.00 =		x \$75.00 =	x \$40. 0 =	
Check [] VISA [] N Card Number NEW MEMBERS: PLEASE PROVIDE P	/	CSC	Billing Zip		
	FOR OFFICE US	SE ONLY			
Date Payment Processed:	_/	Clerk:		_	
Initals for Pick-Up: 1 Date Card Printed: /					
Date Gaiu Filliteu/		rick-up Dat	c //		