



BUSINESS SEASON PASS RESERVATION

This form must be accompanied by payment in full for all passes listed below.

Please return form to:

Crested Butte/Mt. Crested Butte Chamber of Commerce, Attn: Kristen

P.O. Box 1288

Crested Butte, CO 81224

Fax: 970-349-1023 or kristen@cbchamber.com

Business Name: _____

Contact Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Pass Type	Number of passes	Rate	TOTAL
PLATINUM (\$989)			
GOLD (\$899)			
E-Z (\$405)			
10 Day Pass (\$405)			
		Tax (4%)	
		Grand TOTAL	

I have read this reservation form and understand and agree with the reservation terms and deadlines for purchase. I understand that business passes can be issued only to employees of my business and certify that the requested passes are for this stated purpose. I also understand that the Crested Butte/Mt. Crested Butte Chamber of Commerce has the right to request legal proof of employment from any business at any time. Failure to show legal proof of employment will result in loss of business pass privilege. Passes issued to non-employees will be revoked and the business will no longer be able to purchase business passes for a total of three years.

Signature

Date

- Cash
- Check
- Credit Card (We accept VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER)

Card # _____

Expiration Date _____

Verification Code _____

Name on Card _____