



RESORT AND CONFERENCE CENTER

2357 Humphrey Rd. * Varysburg, NY 14167
(585) 535 - 7300 * www.byrncliff.com * info@byrncliff.com

Ski/Snowshoe Season Pass Form
2011 - 2012

Table with 3 columns: Season Pass Type, On or Before 12/23/11, After 12/23/11. Rows include Adult, Senior (60 & Over), Youth (17 & Under), Family of 4, Additional Child, and Add Rental Equipment.

Table with 3 columns: First & Last Name, Season Pass Type, Cost. Includes rows for Total, Method of Payment, and Date.

PLEASE PRINT

Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____

Email(s): _____

[] Please add me to the Byrncliff email list to receive the latest news and promotions.

This application is subject to approval by Byrncliff Resort and Conference Center, which reserves the right to decline membership to any applicant. Byrncliff Inc. is a public serving resort. Purchasing a Ski Season Pass confers no ownership rights of any kind in Byrncliff Inc. and memberships may be revoked, without compensation, for actions determined detrimental in any way to the resort. Byrncliff Inc. reserves the sole rights to determine which actions are detrimental.

I, the undersigned, am aware that cross country skiing or snowshoeing involves inherent risks, dangers, and hazards, including, but not limited to personal injury, death, or property loss caused by natural or man-made objects, or other skiers. I freely accept and assume all such risks and elect to use the facilities or equipment at Byrncliff Resort & Conference Center at my own risk.

I have read the foregoing information and agree to abide by all terms and conditions listed above.

Applicant (signed) _____ Date _____

Applicant (signed) _____ Date _____

Applicant (signed) _____ Date _____