



2009-2010 SKI PASS

APPLICATION

Please read and complete the **Release from Liability/Conditions of Use Form** and this **Application** to purchase a 2009-2010 Androscoggin Valley Chamber of Commerce Ski Pass at a cost of \$50.00.

PLEASE PRINT OR TYPE:

Pass to be issued in the name of: _____

Relationship to Chamber Member Employee: _____

Permanent Mailing Address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Telephone(s): _____ Home Telephone: _____

Signature of Pass Holder: _____
(Employee or Spouse)

Signature of Employee: _____
(If pass holder is spouse)

Method of Payment: Cash _____ Check _____ MasterCard or Visa _____

Make check for \$50.00 payable to: **Androscoggin Valley Chamber of Commerce (AVCoC)**

(There will be a \$25.00 service charge for any returned checks)

TO BE COMPLETED BY MEMBER BUSINESS:

This is to verify that _____ is an employee on a regularly scheduled basis at
(Employee Name)

_____ and I expect he/she will be employed during the Winter
(Member Business Name)
season of 2009-2010.

Signature of Business Owner/Manager: _____ Date: _____

Return all completed and signed forms, payment of \$50.00 and photo of the applicant (can be a copy of license) to the Androscoggin Valley Chamber of Commerce at the address below.

961 Main Street Berlin NH 03570
Tel: 603-752-6060 or 800-992-7480
Web: www.androscogginvalleychamber.com
E-mail: info@androscogginvalleychamber.com