Bittersweet Student Ski Club

School/Sponsor Information

School or Group Name_____

Primary Sponsor Name:_____

Sponsor Address, City, State, Zip:_____

Sponsor email address:_____ Sponsor Phone:_____

Additional sponsor name, email address, phone number:

_____ _____ _____

Name email phone

Number of Student Cards:_____ Number of Adult Cards:_____

Dates Selected for Visits (Minimum of 5 Dates):

M T W TH F _____ M T W TH F _____ M T W TH F _____

M T W TH F _____ M T W TH F _____ M T W TH F _____

M T W TH F _____ M T W TH F _____ M T W TH F _____

Makeup Date Makeup Date

Black outdates: cards cannot be used	Cards can be used after 3pm

Dec 2026						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Jan 2027						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb 2027						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Mar 2027						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
	29	30	31			