



# PAOLI PEAKS

SKI RIDE TUBE

## REQUEST FOR REFUND

Staff Initials: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE VISITED: \_\_\_\_\_ TIME OF REQUEST (IF ONSITE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

To submit this request, fax, email, or mail this form completed to Paoli Peaks. Please provide at least one of the following to verify your purchase: credit card receipt(s), online confirmations, lift tickets, or copy of statement(s). Any additional documents you can include that pertains to the reason for request such as a doctors note, relocation/deployment notification on letterhead, etc is beneficial.

Fax: 812-723-2300 Attention: Guest Services Manager  
Email: pass@paolipeaks.com Subject: Refund Request for {Your Name}  
Mail: Paoli Peaks; Attn: Guest Services Manager; PO Box 67; Paoli ,IN 47454

Amount Requested: \$ \_\_\_\_\_ Reason for Request: \_\_\_\_\_

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Signature \_\_\_\_\_

### OFFICE USE:

Snow pass clipped and attached to form

Payment receipt attached to form

Manager: \_\_\_\_\_ Action Take: \_\_\_\_\_

Date Customer Notified: \_\_\_\_\_