

4th & 5th Graders

\$10 SEASON PASS

Showdown Montana



2019-2020 Season Pass Application

Students first & last name: _____ Birth Date: _____

E-mail: _____

Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

Parent or Guardian Name: _____

Parent Signature: _____

Please submit this application along with:

- **Proof of your 4th/5th grade status** (a recent report card, copy of birth certificate, school ID)
- **\$10 Processing fee payable to Showdown Montana**

Mail To:

Showdown Montana
PO Box 92
Neihart, MT 59465

Please bring completed form, valid ID, **AND THE STUDENT to the Great Falls Town Office (See website for days & hours of operation) or to Guest Services upon your first visit to the mountain to receive your pass.**

For more information please visit:

Visit showdownmontana.com or contact Showdown Montana by calling [406-236-5522](tel:406-236-5522) or emailing info@showdownmontana.com.

Date Paid: _____

Invoice #: _____

Initial: _____