



Adaptive Season Pass Application Form

First Name: _____	Last Name: _____
Date of Birth: _____	Email Address: _____
Phone Number: _____	ZIP Code: _____
Mailing Address: _____	
City: _____	State: _____

Eligibility Information

Do you have a physical, mental, or sensory impairment that substantially limits one or more major life activities?

☐ Yes ☐ No

If applicable, please briefly describe the accommodation or adaptive support you are requesting:

For visual impairments only: Do you have a physician diagnosis confirming legal blindness or total blindness?

☐ Yes ☐ No ☐ Not applicable

Documentation

Which documentation will you provide? Check all that apply.

- ☐ Driver's license noting eligible restrictions
- ☐ America the Beautiful Access Pass
- ☐ Certification from a private Vocational Rehabilitation or other counselor stating need for



accommodation

- ☐ Documentation from a State Vocational Rehabilitation Agency counselor
- ☐ Other state-issued proof of disability
- ☐ Letter or record from a federal government agency reflecting disability status
- ☐ Letter or medical documentation from a physician or qualified medical professional requesting accommodation
- ☐ Visual observation of disability or use of a powered mobility device at the ticket window
- ☐ Other: _____

Supporting documentation attached/submitted: ☐ Yes ☐ No ☐ Not applicable

Pass Selection

Which Adaptive Season Pass option are you applying for?

- ☐ Senior Adaptive Pass (65+)
- ☐ Adult Adaptive Pass (23-64)
- ☐ Young Adult Adaptive Pass (19-22)
- ☐ Teen Adaptive Pass (13-18)
- ☐ Junior Adaptive Pass (6-12)

*Child passes (5 and under) are free – if you are interested in adaptive lessons or equipment and caregiver lift tickets for your child, please reach out to our Adaptive Program **Email:** adaptive@grandtarghee.com | **Call:** 307-353-2300 x1303

Will the pass holder require a guide?

- ☐ Yes ☐ No ☐ Not sure yet

Will the pass holder use adaptive equipment?

- ☐ Yes ☐ No ☐ Not sure yet

If yes, please share any details about the adaptive equipment:



Agreements

- ☐ I understand that additional documentation may be requested.
- ☐ I understand that a separate Release of Liability form must be signed and submitted.
- ☐ I understand that payment must be completed separately before the pass is issued.

Applicant or Guardian Signature: _____	Date: _____
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How to submit: Email this application to: seasonpass@grandtarghee.com with documentation attached. You may also print this application and bring documentation to our Activity Center at Grand Targhee Resort.

Internal Use Only

This section is for staff tracking only and may be kept separate from the applicant-facing form.

Release signed? ☐ Yes ☐ No	Approved by: _____
Customer IP #: _____	Comment added? ☐ Yes ☐ No
Payment completed? ☐ Yes ☐ No	Staff notes: _____