

# ORDER FORM ANNUAL PASS SAINT-BERNARD

## 01.11.2024-31.10.2025

Last Name, First Name

Address

ZIP, City

Country

Phone number

E-mail (By indicating it, you agree to receive our newsletter)

## CHOOSE THE PASS WHICH SUITS YOU BEST

Write the letter on the table below

**A**

**PASS COMBI**

Unique price:  
CHF 69.-

Designed for holders of  
seasonal passes  
from another ski resort

**B**

**PASS CLASSIC**

CHF 159.- until 30.11  
CHF 179.- from 01.12

**C**

**PASS + VERBIER\***

Unique price  
CHF 219.-

\*Until 13.12.2024  
From 14.04.2025

**D**

**OTHER FORMULA**

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## ORDER LIST

Complete 1 line per PASS Saint-Bernard

	Last Name	First Name	Date of birth	Formula	Existing Keycard*		Cancellation insurance**	
					Yes	No	Yes	No
1								
2								
3								
4								
5								
6								

\* CHF 5 per new keycard, non-refundable but can be reused

\*\* CHF 9 see conditions on [www.pass-saint-bernard](http://www.pass-saint-bernard). Only valid for formulas A and B

## PAYMENT

By post with a payment sl

## TO BE ATTACHED TO THE FORM

- A copy of your ski pass (formula A)
- Old keycards in your possession
- Passport photo (If you don't have an old PASS. With first name on the back)
- Passport photo under 5 years (If you already have a key-card)

Place and date

Signature

By signing, I confirm that I am aware that no refund can be made without insurance and I accept the general conditions available on [www.pass-saint-bernard.ch](http://www.pass-saint-bernard.ch)

**Please return the form to:**  
**PASS Saint-Bernard sàrl**  
**Route de la Gare 34**  
**1937 Orsières**