



2026-27 Grand Pass Registration Form

Name: _____ Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Name printed on the Pass(es) (if different than organization): _____

Each Grand Pass (fully transferable) is \$ 5,400. See full listing of benefits in the User Guide.

Please reserve us _____ number of passes for a total of \$ _____

Please submit this form by September 1st, in order to reserve your passes. We have a waitlist!

Payment Information

☐ Enclosed is my check for \$ _____ Payable to: Grand Foundation (preferred method)

☐ Please charge my credit card.

A 3.99% fee will be assessed when using a credit card. We encourage checks in order to avoid this fee.

Credit Card #: _____ Exp.: _____

Name on Card: _____ Billing Zip Code: _____

Signature: _____ Code (on back): _____

By signing this form, you agree to abide by the guidelines and payment for the pass year beginning November 1, 2026 through October 31, 2027.

Signature: _____ Today's Date: _____

Please return this form to:

Stefanie Feek

Email: stefanie@grandfoundation.com

Mailing: PO Box 1342 * Winter Park, CO 80482

Office: 551 S. Zerex St. C203 * Fraser

If you have any additional questions, please call Stefanie at 970.887.3111 ext. 3

The Grand Foundation is a 501(c)(3) non-profit organization therefore donations are tax deductible beyond the value of the benefit received. The Grand Foundation will send a letter for your records indicating the value of your charitable contribution. Thank you!