



2020- 2021 SEASON PASS APPLICATION

Name _____

Mailing Address _____

City, State, Zip _____

Cell Phone _____ Email _____

Preseason Rate* / Regular Rate

Adult \$180 / \$200

Senior (65+) \$100 / \$120

Family \$260 / \$280

75 and over Free

**Preseason rates apply through October 20th 2020*

Type of Pass: Circle One: ADULT

FAMILY

SENIOR

75 PLUS

Payment Options: Check or Credit Card

CVC _____

Credit Card: # _____ / _____ / _____ / _____

Exp. Date _____

Please make checks payable to "Ole's XC"

- Mail to: **P.O. Box 228, Roxbury, VT 05669. (Please do not mail to Airport Rd.!)**
- Each Season Pass holder is entitled to two (2) guest passes, (4) with Family Pass.
- Each Season Pass holder will receive a 10% discount off regular prices on wax. Above rates include Vermont Sales Tax.
- Ole's Pass holders are entitled to a free guest pass for each individual listed on the pass at most Nordic ski centers located in Vermont. Contact Ole's with any questions.

IMPORTANT WAIVER - SIGNATURE REQUIRED

I, the undersigned, know that Cross Country Skiing and Snowshoeing are action sports carrying significant risk of personal injury. I know that there are natural and man made obstacles or hazards, surface and environmental conditions, and risks, which in combination with my actions can cause severe or occasionally fatal injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions and hazards. I agree that I am responsible for my safety while I use the trails, and not Ole's Cross Country Center or its staff.

Signature _____

Date _____

WWW.OLESXC.COM

THANK YOU FOR YOUR RENEWAL!

Email: ski@olesxc.com

