



## 2019-2020 SEASON PASS APPLICATION

All Name(s) \_\_\_\_\_

**Mailing** Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ **Email** \_\_\_\_\_

Preseason Rate* / Regular Rate	
Adult	\$180 / \$200
Family	\$260 / \$280
Senior (65+)	\$100 / \$120
75 and over	Free

*\*Preseason rates apply through NOVEMBER 15th, 2019.*

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" (WE PREFER A CHECK, THANKS!)**

- Mail to: **P.O. Box 228, Roxbury, VT 05669. (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 and accessories sold in the Cross Country Center.
- Above rates include Vermont Sales Tax.

### **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](mailto:ski@olesxc.com)