



PO Box 1653 Waitsfield, VT, 05673

877-863-3001

www.olesxc.com

802-496-3430

SEASON PASS APPLICATION

Name _____ Date _____
Address _____ Phone(H) _____
_____ (W) _____
(e-mail) _____

Type of Pass – (check one) ___ Adult ___ Family ___ Junior ___ Senior

Credit Card # _____ / _____ / _____ / _____ Exp date _____
Signature _____

2008-2009 Season Pass Rates:

Pass *Preseason Rate** / Regular Rate:

*Preseason rates apply through December 15, 2008.

- Adult \$130/ \$150
- Family \$215/ \$240
- Junior (6-17) \$50/ \$60
- Senior (65+) \$80/ \$90
- Under 5 Free Free
- Over 70 Free Free

Notes:

Please make checks payable to “Ole's XC”, mail to: P.O. Box 1653, Waitsfield, VT 05673.

- 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 (hats, gloves, glasses, packs) sold in the Cross Country Center.
- No refunds can be made for Season Passes except in the case of extreme illness or injury.

In those cases, a refund will be made on a pro-rata basis.

For any questions or additional information please call: 802-496-3430.

IMPORTANT - SIGNATURE REQUIRED - WAIVER

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 and not the Ski Center or its staff, am responsible for my safety while I use the trails.

Signature _____
Date _____

Parental signature required for those under 18

(Please print this page and mail to the address above)