

Ole's 
CROSS COUNTRY CENTER
WARREN, VERMONT
802-496-3430

2016- 2017 SEASON PASS APPLICATION

Name _____

Mailing Address _____

City, State, Zip _____

Cell Phone _____ Email _____

Preseason Rate* / Regular Rate

Adult	\$160 / \$180	Senior (65+) \$90 / \$100
Family	\$240 / \$260	75 and over Free

***PRESEASON RATES APPLY THROUGH NOVEMBER 1, 2016.**

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 and waxing 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

