

Ole's Cross Country Center
Mail to: P.O. Box 1653, Waitsfield, VT, 05673
802-496-3430
SEASON PASS APPLICATION

Name _____

Street _____

City, State, Zip _____

Phone _____ Email _____

Type of Pass - Circle One: Adult Family Junior Senior

2009-2010 Season Pass Rates

WWW.OLESXC.COM

Email: ski@olesxc.com

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

Cardholder Name _____

Pass Preseason Rate* / Regular Rate*

Adult \$130/ \$150

Junior (6-17) \$50/ \$60

Family \$215/ \$240

Senior (65+) \$80/ \$90

Over 75 Free

*Preseason rates apply through December 15, 2009.

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, and 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

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

Signature _____

Date _____