



CROSS COUNTRY CENTER
WARREN, VERMONT
802-496-3430

Email: ski@olesxc.com

2022-2023 SEASON PASS APPLICATION

Name(s) _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email _____

Please list names of all family members. Prices include price of pass plus 6% sales tax
*75 and over ski for free *Preseason rates apply through October 15, 2022.*

Please Circle One: ADULT FAMILY SENIOR 70+ 80+=FREE

Adult Passes Before 10/15 Rate w/ tax= **\$212.00** After 10/15 Rate with tax= **\$233.20**

Family Passes Before 10/15 Rate w/ tax= **\$296.80** After 10/15 rate with tax= **\$318.00**

Senior Passes Before 10/15 Rate w/ tax= **\$127.20** After 10/15 Rate with tax= **\$148.40**

Family is defined as parents and dependents our a couple living in a single household.

We can also take payment over the phone or you can purchase your pass at olesxc.com

Please make checks payable to “Ole’s Cross Country”

Please mail payment to address listed below. Mail to:
P.O. Box 228, Roxbury, VT 05669. Please do not mail to Airport Rd!

Please make checks payable to “Ole’s Cross Country”

- 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 ski shop. Please show pass to receive discount.
- Ole’s pass holders enjoy inclusion in Vermont Nordic Reciprocal Program where each person and or family member will receive one free day pass at participating ski centers. See details at **SKIVERMONT.COM**

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