

2025/2026 SEASON PASS APPLICATION



Phone: (802) 496-3430

Email: ski@olesxc.com

Names of all Skiers('s):

Mailing Address:

City, State, Zip:

Phone:

Email:

BELOW PRICES INCLUDE 6% VT SALES TAX

80 and over ski for free

PLEASE CIRCLE DESIRED PASS TYPE: INDIVIDUAL FAMILY SENIOR 70+ 80+=FREE

*Individual Passes Before 10/15 Rate w/ tax= \$238.50 After 10/15 Rate with tax= \$265.00
(18-69 YRS OLD)*

Family Passes Before 10/15 Rate w/ tax= \$333.90 After 10/15 rate with tax= \$371.00

*Senior Passes Before 10/15 Rate w/ tax= \$153.70 After 10/15 Rate with tax= \$169.60
(70 yrs-79 yrs)*

Family is defined as a Family or couple and their dependents living in the same household.

You Can also purchase your pass at olesxc.com

Please make checks payable to "Ole's Cross Country Ski Center".....

Please mail payment to address listed below.

Mail to:

P.O. Box 228, Roxbury, VT 05669.

Please DO NOT MAIL TO AIRPORT ROAD

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 BY ACCEPTING THIS TICKET I AGREE 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 WILL HOLD NO CLAIM AGAINST Ole's Cross Country Center or its staff.

Signature_____

Date:_____