

## 2025/2026 SEASON PASS APPLICATION



Phone: (802)496-3430  
Email: [ski@olesxc.com](mailto: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](http://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: \_\_\_\_\_