

The NEW Lost Trails

SEASON PASS APPLICATION

Office use: Member # _____

PRIMARY PASS HOLDER INFORMATION

 First Name (Print) M.I. Last Name

 Mailing Address - Street City

 State Zip Email (for updates & announcements)

 Home Phone EMERGENCY Phone

BUDDY PASSES: Tell us who your riding Buddy is:

My Riding Buddy: _____

PRINT NAME

Each Buddy rider must fill out their own Season Pass Application

ADD ON IS FOR FAMILY PASSES ONLY (When More than 4 riders in a family)

Passengers are the same as a rider.

Season Passes

Single Pass\$250

Buddy Pass Covers (2) Riders

Buddy Pass \$400

Family Pass Covers (4) Riders

Family Pass..... \$500

Add on \$ 50

Add on \$ 50

Pass Total: \$ _____

Make Checks Payable to:

The Lost Trails, LLC

PO Box 774

Brodheadsville, Pa. 18322

This is our mailing address

NOT the Park address!

Credit Card Type: **Circle one** (VISA) (MC) (Discover) (AMEX)

Account No. _____ **CCV** _____ Expiration date _____

Name on card _____

FAMILY PASS RIDERS

(Husband/Wife and Children UNDER age 18

Name	Relationship to Primary Member	Age
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Season Pass is valid for (12) Months commencing from the month it is purchased.

(Example: Passes purchased November 2011 are good thru November 2012)

(Example: Passes purchased February 2012 are good thru February 2013)

Season Pass Holders have unlimited access to the park trails any time we are open to the public.

(Excluding Special Events).

Season Pass Holders and any non riders accompanying them **MUST STOP** at the Check-In Center to sign the Daily Roster.

 (Signature of Primary Member)

 Date

 (Spouse's Signature)

 Date