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 ……..$275

Buddy Pass Covers (2) Riders
[ ] Buddy Pass …… $425

Family Pass Covers (4) Riders
[ ] Family Pass……. $525
[ ] 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 _____

FAMILLY 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