

# The NEW Lost Trails

## SEASON PASS APPLICATION

Member # <b>2012-</b>
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<u>PRIMARY PASS HOLDER INFORMATION</u>		
_____	_____	_____
First Name (Print)	M.I.	Last Name
_____	_____	_____
Mailing Address - Street	City	
_____	_____	_____
State	Zip	Email
_____	_____	_____
Home Phone	EMERGENCY Phone	
BUDDY PASSES: Tell us who your riding Buddy is:  My Riding Buddy: _____ <div style="text-align: center; font-size: small;">PRINT NAME</div> 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.		

<u>Season Passes</u>
<input type="checkbox"/> Single Pass .....\$250 Buddy Pass Covers (2) Riders <input type="checkbox"/> Buddy Pass ..... \$400 Family Pass Covers (4) Riders <input type="checkbox"/> Family Pass ..... \$500 <input type="checkbox"/> Add on ..... \$ 50 <input type="checkbox"/> Add on ..... \$ 50
<b>Pass Total: \$</b> _____ Make Checks Payable to: <b>The Lost Trails, LLC</b> <b>PO Box 774</b> <b>Brodheadsville, Pa. 18322</b> This is our mailing address NOT the Park address!

**Please Print Everything Clearly**

### FAMILY PASS RIDERS (Husband/Wife and Children UNDER age 18)

_____	_____	_____
Name	Relationship to Primary Member	Age
_____	_____	_____
Name	Relationship to Primary Member	Age
_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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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 and to receive their wrist bands.

_____	_____	_____	_____
(Signature of Primary Member)	Date	(Spouse's Signature)	Date