



# Camel's Hump Nordic Ski Area

Enclosed is a check for my:

Individual Season Pass	_____	\$90
Individual & Canine Pass	_____	\$120
Family Season Pass	_____	\$150
Family & Canine Pass	_____	\$180

**[CHNSA operates on an honor system. You will not receive a paper pass. Simply park, sign in, and enjoy. If you purchase a "Canine Pass", we will mail you a colorful Velcro band for your dog's collar IDing him/her as a proud CHNSA passholder.]**

I'd like to make an additional tax-deductible donation: \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ other

I would like to purchase \_\_\_\_\_ CHNSA one day, \$10 gift certificates as holiday gifts. Enclosed is my check for \$\_\_\_\_\_. Please mail the gift certificate(s) to me at:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Please make checks payable to: Camel's Hump Nordic Ski Area and mail to Camel's Hump Nordic Ski Area, PO Box 43, Huntington, VT 05462*

Here's my email address. Please add my name to your *Friends of CHNSA* email list serve so I can be kept informed of *CHNSA* news, trail conditions and activities.

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Here's a friend's name and email address. Please contact:

Name \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ I would enjoy working as a trail volunteer

**MEMBER RELEASE of LIABILITY: As a member of CHNSA, I recognize that cross country skiing is an inherently dangerous sport. I hereby release CHNSA, its officers, and cooperating landowners from any liability for any accident or injury that I may incur while skiing at Camel's Hump Nordic Ski Area.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Visit us at our website [www.camelshumpskiers.org](http://www.camelshumpskiers.org)