

FOUR SEASONS TRAIL ASSOCIATION
PO BOX 711
Madawaska, ME 04756



www.fourseasonstrail.org

DATE: _____

MEMBERSHIP DUES: *CIRCLE ONE* \$40 (Flat Rate) FAMILY or INDIVIDUAL

All membership fees & donations will go towards trail grooming/maintenance and the running of events for club members and residents of the local area. Membership is not a requirement to enjoy the use of the Four Seasons Trail.

Membership Dues Paid? Yes or No

Member Donation _____

PARTICIPANT'S CONTACT INFORMATION

Member 1: _____ Email _____

Gender: Male Female Age _____ Birth Date ____ / ____ / ____

Member 2: _____ Email _____

Gender: Male Female Age _____ Birth Date ____ / ____ / ____

Member 3: _____ Email _____

Gender: Male Female Age _____ Birth Date ____ / ____ / ____

Member 4: _____ Email _____

Gender: Male Female Age _____ Birth Date ____ / ____ / ____

Member 5: _____ Email _____

Gender: Male Female Age _____ Birth Date ____ / ____ / ____

Street Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Areas of Interest (check all that apply): XC Skiing Cycling Hiking Snow Shoeing

I recognize that all Club Activities can be potentially hazardous, and I will not hold the Four Seasons Trail Association or any of its members responsible for any injury or damage encountered while participating in, or traveling to and from, any Club function.

Signed: _____ Date: _____