



# FOUR SEASONS TRAIL ASSOCIATION

PO BOX 711  
Madawaska, ME 04756

DATE: \_\_\_\_\_

**MEMBERSHIP DUES:** *CIRCLE ONE* \$20 FAMILY ( 2 OR MORE) \$10 INDIVIDUAL \$5 YOUTH (K-12)

- 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: \_\_\_\_\_