

MAITLAND SKI TRAILS APPLICATION

Family Name: _____

Please indicate names of family members:

Address: _____

City: _____

Postal Code: _____

Telephone: _____

MEMBERSHIP TYPES

Family: \$25.00

Adult Single: \$10.00 ea

Student: \$ 5.00ea

Please make cheque payable to: Maitland Ski Trails

And mail to:

Maitland Ski Trails
P.O. Box 189
Maitland, Ontario
K0E 1P0

Questions: e-mail pkupka@ripnet.com