

**CLCF Nordic Ski Pass
2019-2020 Season Membership Application**



Name: _____
Additional Family Members: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Cell: _____
Email: _____

(Email addresses will be used exclusively for communications related to CLCF Nordic and the Cedar Lakes Conservation Foundation.)

Individual/Family Membership:

\$70

To download or view a map of our trails, visit our website at www.conservecedarlakes.org/activities-events/fox-hill-nordic/. The GPS coordinates of our Sleeping Dragon parking lot are 43°22'10.0"N 88°14'48.1"W



_____ **Membership** (includes CLCF Nordic and CLCF annual donation)

_____ **Additional Donation**

_____ **Total enclosed**

Please Make Checks Payable to: CLCF, P.O. Box 347, West Bend, WI 53095

THIS RELEASE MUST BE SIGNED AND RETURNED WITH YOUR DONATION AND APPLICATION TO COMPLETE YOUR MEMBERSHIP.

I (and my family and guests) recognize that skiing, snowshoeing, and related activities inherently have some risks. I agree to hold harmless the Cedar Lakes Conservation Foundation (CLCF), its officers and members from any liability and any and all claims for damages I (or my family and/or guests) might suffer from the use of CLCF trails and participation in activities of the CLCF Nordic.

SIGNED: _____

DATE: _____

You will receive a membership card shortly. Please place the card on the dashboard of your car while in the parking lot.

Check out ski and snowshoe condition updates for CLCF Nordic at www.skinnyski.com or www.laphampeakfriends.org.

For questions, please call: Jerry Gensch (262) 644-6561 or e-mail Russ Sobotta: rrsobotta@gmail.com.