

Majestic Trails ~ Membership Application

Amount Paid \$ _____ Camping: \$ _____ Other: _____ Initial: _____

Rates: Individual = \$60, Couple = \$100, Family = \$125.00 (husband, wife & Minor Children)

Primary Member:

First Name: _____ M.I. _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # _____ Date of Birth: _____

Other Club Affiliation? Yes: _____ No: _____ Name/Names _____

IN CASE OF EMERGENCY CALL:

Name: _____ Relation: _____ Phone #: _____

Family Members Joining Under this Application (husband, wife & children under 18):

Name: _____	Relationship: _____	Birth Date: _____
Name: _____	Relationship: _____	Birth Date: _____
Name: _____	Relationship: _____	Birth Date: _____
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Name: _____	Relationship: _____	Birth Date: _____
Name: _____	Relationship: _____	Birth Date: _____
Name: _____	Relationship: _____	Birth Date: _____

What do you ride? ATV, UTV or Dirt Bike:

of ATV's: _____ # of UTV's: _____ # of Dirt Bikes: _____
All registered: Yes: _____ No: _____ All Insured: Yes: _____ No: _____

I, the undersigned, do hereby acknowledge receipt of rules and regulations and do hereby agree to abide by all rules and regulations. I also acknowledge the risk of injury to my person or property and to others while riding, patrolling, practicing or competing on all property owned or authorized by Majestic Kamp and Lost Trails, Inc. I will not file suit against Majestic Kamp & Lost Trails, Inc., its officers/members or any landowner where on or near designated trails or facilities are located. I, agree that I understand the rules & regulations and if I am found not following rules & regulations, my membership will be revoked with NO refund!

X _____ Date: _____
Primary Member Signature

Make Checks payable to: **Majestic Trails**  Mail to: **PO Box #94, Rew, PA 16744**

 **814-465-9979** Email: fitchhill@comcast.net