

# **Majestic Trails ~ Membership Application**

(make sure to complete a waiver for each member)

**Amount Paid \$\_\_\_\_\_ Camping: \$\_\_\_\_\_ Other: \_\_\_\_\_ Initial: \_\_\_\_\_**

**Rates: Individual=\$150, Couple=\$225, Family=\$300.00 (husband,wife+ up to 4-Minor Children)**

## **Primary Member:**

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

## **IN CASE OF EMERGENCY CALL:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

Name: _____	Relationship: _____	Birth Date: _____
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Name: _____	Relationship: _____	Birth Date: _____
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## **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!

\_\_\_\_\_ Date: \_\_\_\_\_  
Primary Member Signature

**Make Checks payable to: Majestic Trails**



**Mail to: PO Box #94, Rew, PA 16744**

**Email: [fitchhill@comcast.net](mailto:fitchhill@comcast.net) Web Site: [www.majesitctrials.com](http://www.majesitctrials.com)**

**Phone: 814-465-9979**