



Alaska Biathlon - Anchorage: a program of the
 Nordic Skiing Association of Anchorage, Inc. (NSAA)
 203 W. 15th Ave, # 204, Anchorage, AK 99501
 Phone: 276-7609; Fax: 258-7609; E-mail: nsaa@alaska.net

Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (hm) _____ (wk) _____ E-mail: _____

Children: _____

BIATHLON RANGE USE FEES (Oct 1-Sept. 30)

Annual Fee includes unlimited access to range openings, and use of a club rifle if you don't own your own.
 Single Use Range Fee = \$10 per use, payable at the Range

Annual Range Fee Individual \$100 Family \$150 \$ _____

Spring/Summer Only Range Fee (Apr-Sept) Individual \$50 Family \$75 \$ _____

NSAA MEMBERSHIP (Oct 1-Sept. 30) (or join online at www.AnchorageNordicSki.com)

Basic Member Individual \$25 Family \$50 \$ _____

Includes the seasonal monthly newsletter, ability to rent NSAA's Hope cabin, discounts on NSAA sponsored events.

Student Trail User Individual \$65 (Includes trail pin & car decal) \$ _____

Trail User Individual \$85 Family \$170 (# adult pins ____ # child pins ____) \$ _____

Trail Blazer Individual \$175 Family \$350 \$ _____
 # adult pins ____ # child pins ____ # Ski Ties 1 ____ 2 ____ no thanks ____

Trail Meister Individual \$350 Family \$700 \$ _____
 # adult pins ____ # child pins ____ # Ski Ties 1 ____ 2 ____ none ____ Shirt #1 size ____ Shirt #2 size _____

Dog Tags: For the 4 legged multi-use trail users # Tags _____ @ \$20 per Tag \$ _____

USBA Fee (separate USBA Membership form required) \$ _____

TOTAL \$ _____

Waiver and Release: I understand the risks and dangers inherent in Nordic skiing; I, for myself and my family members, accept and assume all such risks and agree to release and discharge NSAA, Inc., its officers, directors, employees and volunteers from any and all claims based on accidents or injuries, including death, directly or indirectly connected with any NSAA-sponsored activity.

Signature _____ Date _____

MAKE CHECKS PAYABLE TO NSAA or USE YOUR CREDIT CARD Below: (Visa MC Discover)		Office Use Only	
Card Number: _____ / _____ / _____ / _____	Exp. Date _____ / _____		Batch # _____
Signature _____	Date _____		Amt. _____
Your Billing Address (PRINT) _____			Ck/Ref# _____
City: _____	State: _____ Zip: _____		