



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

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 (or join online at www.AnchorageNordicSki.com)

Basic Member Individual \$20 Family \$40 \$ _____

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

Trail User Individual \$75 Family \$150 (# adult pins ____ # child pins ____) \$ _____

Includes Basic Membership PLUS Trail Pin(s) and car decal(s) to show support of trail grooming and maintenance.

Trail Meister Individual \$150 Family \$300 (# adult pins ____ # child pins ____) \$ _____

Includes Basic Membership. This level is for more frequent skiers wanting to show their support for NSAA trail work.

Dog Tags: For the 4 legged multi-use trail users. # Tags ____ @ \$15 per Tag \$ _____

Additional tax-deductible support is always appreciated! \$ _____

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 or MC only)	Office Use Only
Card Number: _____ / _____ / _____ / _____ Exp. Date _____ / _____ 3 digit code _____	Batch # _____
Signature _____ Date _____	Amt. _____
Your Billing Address (PRINT) _____	Ck/Ref# _____
City: _____ State: _____ Zip: _____	