



# 2016- 2017 Biathlon Range Fees and NSAA Membership

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Children: \_\_\_\_\_

**BIATHLON RANGE USE FEES** Annual fee includes unlimited access to range openings, and use of a club rifle. NSAA will provide a waterproof plastic card holder. Cards mailed within 2 business days.

**Single Use** \$10 x \_\_\_\_\_ days **Range Fees \$** \_\_\_\_\_

**Annual Individual:** \$150 **Family:** \$250 (2 ppl) \$300 (3+)

**Spring/Summer (Apr- Sept) Individual:** \$75 **Family:** \$125 (2 ppl) \$150 (3+)

**NSAA MEMBERSHIP** Join online at [www.anchoragenordicski.com](http://www.anchoragenordicski.com)

**Trail Meister** Individual: \$350 Family: \$700

**Trail Blazer** Individual: \$175 Family: \$350 **Membership \$** \_\_\_\_\_

**Trail User** Individual: \$85 Family: \$170

**Trail Member** Individual: \$35 Family: \$70

Circle for the following: Decal Trail Pin Paper Newsletter

**Additional Donation \$** \_\_\_\_\_

Trail Blazers & Trail Meisters: circle for the following

Surprise me! I'll receive a random membership gift

NSAA Ski Ties

**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. By paying range fees, you are agreeing abide by and follow all NSAA biathlon safety rules and regulations, and to be held responsible for any and all damages caused during use of the range including use of NSAA equipment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO NSAA or USE YOUR CREDIT CARD Below:** (Visa, MC, Discover, AMEX)

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_

CVV/Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only**

Batch # \_\_\_\_\_

Amt. \_\_\_\_\_

Ck/Ref# \_\_\_\_\_

Date \_\_\_\_\_