

CaledoniaTrlblaz@aol.com
(585) 704-4513
www.CaledoniaTrailBlazers.org

Caledonia TrailBlazers Snowmobile Club
P.O. Box 161
CALEDONIA, NY 14423



"DEDICATED TO SAFE AND ORGANIZED SNOWMOBILING SINCE 1996"

SNOW SEASON September 1, 2016 thru August 31, 2017

CTB and NYSSA Annual Dues:

Single \$30.00 / **Family (\$30.00)**
(Both include a \$5.00 NYSSA membership)

Trail Landowner (\$0.00)
 BOD member

_____ **Donation to Groomer Fund: \$** _____

Total Paid \$ _____
Check# _____ / cash / other

NYSSA Voucher # _____

NYSSA Trail Defender Membership upgrade additional \$20.

(Information on this form must match information on registration for reduced registration fee)

Name _____ Family info: _____
Spouse or Guest's Name (family membership only)

Street: _____

City: _____ State _____ Zip _____

County - Livingston

Genesee

Monroe

Other: _____

Home Phone: (_____) _____

Cell # (_____) _____ Children under 18 (List if sled registered in child's name)

Do you have internet access for club correspondence yes no _____

How would you like to receive club newsletters by e-mail yes no _____

US Postal Service yes no _____

EMAIL Address: _____

yes no Do you still want to contribute to PAC? .25c of your \$5.00 NYSSA dues may be used for our voice in Albany called, The NYS Snowmobile Political Action Committee (PAC) NYSSA dues will still be \$5.00.

Check all activities that you would be interested in volunteering to help with

- Trail Signing (set up & take down)
- Hilton Snow Show
- Trail Construction
- Map Sponsorships/Sales
- Winterfest
- Board or Officer Position
- Other (please list) _____
- Caledonia Fair
- Youth Safety Course
- Organize Club rides

I/We understand snowmobiling can be a dangerous sport. I/we will be responsible for myself and any passenger and assume all risk and liabilities. In the event of an accident, fire or theft, I/we will not hold the Caledonia Trailblazers Snowmobile Club responsible in the event of damage or injury. I /we will not make claims against the Club, its officers or its members or trail landowners.

Signature _____ Date _____

Signature _____ Date _____

**Please bring completed application to a monthly meeting:
2nd Tuesday of the month, October thru April at 7:30 pm.
(3rd Tuesday if 2nd is a Holiday) at:
Iroquois Hotel, 234 North St, Caledonia NY
Or mail to PO Box address at top of form.**

A NYSSA voucher will then be issued for use with DMV for reduced sled registration fee.