

SNOWMOBILE CLUB CONTACTS

PROGRAM YEAR: _____

Club: _____

Club President (name): _____

Address: _____

Home Phone # : _____

Day Phone # (8:00am-4:30pm): _____

Fax # _____
(if available)

E-mail address: _____
(if available)

Does your club have a web page? yes no

Website?: _____

Maintenance/Grooming Payment checks should be sent to:

Name: _____ Position: _____

Mailing Address: _____

Home Phone #: _____

Primary Club Contact For County Trail (Trail Boss/Club Rep): (if other than president)

(ie. who should receive landowner lists, sign inventories, etc. and who do I contact regarding trail questions or problems)

Name: _____ Position: _____

Mailing Address: _____

Home Phone #: _____

Fax # _____ E-mail address: _____
(if available) (if available)

Alternate Contact:

(preferably someone reachable during the day to contact regarding trail questions or problems)

Name: _____ Position: _____

Mailing Address: _____

Home Phone #: _____

Day Phone # (8:00am-4:30pm): _____

Email Trail Status Contacts:

If you have club members that would like to receive email notices of changing trail conditions, please list name and email address.

NAME	EMAIL ADDRESS