

OFSC District 1 Member Club

Check the club where you expect to do most of your riding, OR

Unknown **FAX BACK # 866-278-3140**

<input type="checkbox"/> B.E.A.S.T.	<input type="checkbox"/> Lennox & Addington R.R.
<input type="checkbox"/> Calabogie & District S.C.	<input type="checkbox"/> West Carleton S.A.
<input type="checkbox"/> Carleton Regional S.C.	<input type="checkbox"/> Osgoode-Carleton S.T.C.
<input type="checkbox"/> Eastern Ontario S.C.	<input type="checkbox"/> Rideau S.C.
<input type="checkbox"/> Glengarry S.C.	<input type="checkbox"/> Riverside S.C.
<input type="checkbox"/> Kingston & Pembroke T.A: Snow Road S.C/ Sharbot Lake S.C	<input type="checkbox"/> Seaway Valley S.A.
<input type="checkbox"/> Leeds & Grenville S.A: Athens S.C/Grenville S.C/Elizabethtown S.C/Kemptville S.C/Rideau Ridge Riders S.C	<input type="checkbox"/> Nation Valley S.A: Finch S.C/ Mountain S.C/South Dundas S.C/Winchester S.C

"Buy Where You Ride"

Support Your Local Snowmobile Club
Become a Volunteer!



Order Form for 2011 Seasonal Trail Permit

Name (Registered Owner) / Please complete a separate form for each owner

Address – Street No. & Name (P.O. Box) / As per vehicle registration

City, Town or Village Postal Code

Home Telephone No. () Work Telephone No. ()

Email Address (optional):

Vehicle Identification No. (V.I.N.) Vehicle One
Office Use Only – Permit Number

Vehicle Identification No. (V.I.N.) Vehicle Two
Office Use Only – Permit Number

Vehicle Identification No. (V.I.N.) Vehicle Three
Office Use Only – Permit Number

Date Sold M | D | Y
 Seasonal – on or before Dec. 1/10
 Seasonal – after Dec. 1/10

By completing this order form, I understand that I am making application for the purchase of a 2011 Seasonal Trail Permit I understand that the trail permit(s) for which I am applying is valid only for the motorized snow vehicle identified in this application and is valid only where the sticker (permit) issued under this application is permanently affixed in the required position on that motorized snow vehicle. The Trail Permit provides access to trails prescribed under the *Motorized Snow Vehicles Act* I certify that the information contained in this application is true and acknowledge and accept the responsibilities imposed by law.

X _____
Applicant's Signature

Note: Name and address on this application form must be the same as the name and address of the registered owner.

Information in this form is collected under the authority of the Motorized Snow Vehicles Act and is used for administration and enforcement of the trail permit program only, unless consent to use this information for other purposes is otherwise provided by the person to whom this information relates. Direct enquiries to: MTO Supervisor, General Enquiry Unit, Licensing Administration Office, Bldg. A., 1201 Wilson Ave., Downsview, On M3M 1J8 (416) 235-2999 or 1-800-387-3445.



**ONTARIO FEDERATION
OF
SNOWMOBILE CLUBS**

**REQUIREMENTS &
TRAIL USE
INFORMATION**

By signing where specified below, I would like to access applicable OFSC Benefits and Offers. The OFSC values your privacy and the protection of your personal information. By authorizing the release of the name and address information as indicated below, I consent to the OFSC's use of this information for purposes related to the mandate of the OFSC (www.ofsc.on.ca). I further understand that any information provided to the OFSC is out of the custody and control of the Ministry of Transportation and that the OFSC will have sole responsibility of the information.

Please complete the following information:

Please use the registered owner's address on the order form for the trail permit for mailing or for OFSC purposes

Please use the following name and address for someone other than the registered owner listed on the order form for the trail permit to receive mailings or for OFSC purposes

Name (If different than registered owner previously listed)

Address – Street No. & Name (If different than registered owner previously listed)

City, Town or Village Postal Code

Home Telephone No. Work Telephone No.

Email Address:

Please do not send the member magazine (See reverse side for OFSC Terms and Conditions – "B")

YES, I would like to volunteer for the club, please contact me by either by phone or email if provided.

I have read, understood and agree to the Terms and Conditions on reverse.

Applicant's Signature
X _____ **Date**
M | D | Y

PERMIT ORDER INFORMATION

Permit Quantity	1	2	3
On or before Dec. 1, 2010	\$200	\$400	\$600
After Dec. 1, 2010	\$250	\$500	\$750

Club Membership
Misc.
Trails Donation

Total Remittance **Canadian Funds**

PAYMENT METHOD

CASH CHEQUE VISA MASTERCARD

Name on Card

Card Number Expiry Date
Month | Year

Credit Card Authorization Signature

X _____