



# Sudbury Trail Plan Assoc

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**BUY WHERE  
 YOU RIDE!**

**Sudbury Trail Plan – Club Memberships (please support your club by becoming a member for an additional \$5.00)**

*(Select the club you would like to join and receive their club newsletters)*

- Onaping Falls High Riders \_\_\_\_\_
- Broder Dill Snowmobilers Association \_\_\_\_\_
- Nickel Belt Snow Spirits \_\_\_\_\_
- Northbound Sno Drifters \_\_\_\_\_
- Coniston Wahnapiatae Driftbusters \_\_\_\_\_
- Walden Sno Runners \_\_\_\_\_
- Valley Trail Masters \_\_\_\_\_
- Capreol Ridge Riders \_\_\_\_\_

**Order Form for 2010 Seasonal Trail Permit**

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

NAME:  
 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:

Vehicle Identification No. (V.I.N.) Vehicle One  
 Permit Number Issued by seller

Vehicle Identification No. (V.I.N.) Vehicle Two  
 Permit Number Issued by seller

Date Of Purchase  
 M | D | Y  
 Seasonal – on or before Dec. 1/09  
 Seasonal – after Dec. 1/09

By completing this order form, I understand that I am making application for the purchase of a 2010 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.

**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](http://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:

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 Date  
 M | D | Y

**PERMIT ORDER INFORMATION**

Permit Quantity		1	2
On or before Dec. 1, 2009		\$200	\$400
After Dec. 1, 2009		\$250	\$500

Club Membership Selected	
Groomer Donation	
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**

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