

*Please print legibly

Seasonal Wheel Pass Form

Name: _____

Address: _____

City/State/Zip: _____

Quantity	Total
Season Wheel Pass _____ X	\$25/Season Pass \$ _____

Mail to:

Cannon Valley Trail
825 Cannon River Ave.
Cannon Falls, MN 55009

Please Make Checks Payable to:
Cannon Valley Trail