



# Wisconsin State Trail Pass Mail-in Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PLEASE MAKE CHECK FOR \$25 PAYABLE TO  
FRIENDS OF BADGER TRAIL AND SEND TO:**

Friends of Badger Trail  
P.O. Box 259852  
Madison, WI 53725

***Thank You!***

*A portion of your fee goes to support trail activities.*