



BETHLEHEM RECREATION DEPARTMENT

2155 Main Street, PO Box 189, Bethlehem, NH 03574 (603) 869-3351 ext. 19 BethlehemRecreation.com

BETHLEHEM TOWN POOL
2016 Season Pass Registration

This form must be filled out completely with current information and turned in before the participant will be allowed to hold a Town Pool Season Pass. If some questions do not apply, please indicate with "N/A."

FAMILY INFORMATION

LAST NAME _____ PHONE _____ RESIDENT ___ OR NON- RESIDENT ___

ADDRESS _____

EMAIL (primary contact person) _____

SEASON PASS HOLDER 1 - PASS # _____

NAME (First, Last) _____ DATE OF BIRTH _____ GRADE COMPLETED _____

ADDRESS (IF DIFFERENT) _____ PHONE _____

Medical conditions lifeguards need to be aware of: _____

SEASON PASS HOLDER 2 - PASS # _____

NAME (First, Last) _____ DATE OF BIRTH _____ GRADE COMPLETED _____

ADDRESS (IF DIFFERENT) _____ PHONE _____

Medical conditions lifeguards need to be aware of: _____

SEASON PASS HOLDER 3 - PASS # _____

NAME (First, Last) _____ DATE OF BIRTH _____ GRADE COMPLETED _____

ADDRESS (IF DIFFERENT) _____ PHONE _____

Medical conditions lifeguards need to be aware of: _____

SEASON PASS HOLDER 4 - PASS # _____

NAME (First, Last) _____ DATE OF BIRTH _____ GRADE COMPLETED _____

ADDRESS (IF DIFFERENT) _____ PHONE _____

Medical conditions lifeguards need to be aware of: _____

SEASON PASS HOLDER - ADDITIONAL PASS 1 - PASS # _____

NAME (First, Last) _____ DATE OF BIRTH _____ GRADE COMPLETED _____

ADDRESS (IF DIFFERENT) _____ PHONE _____

EMAIL _____

Medical conditions lifeguards need to be aware of: _____

SEASON PASS HOLDER - ADDITIONAL PASS 2 - PASS # _____

NAME (First, Last) _____ DATE OF BIRTH _____ GRADE COMPLETED _____

ADDRESS (IF DIFFERENT) _____ PHONE _____

EMAIL _____

Medical conditions lifeguards need to be aware of: _____

EMERGENCY INFORMATION

PERSON TO NOTIFY IN EMERGENCY (*Other than Parent/Guardian*) _____ PHONE _____

PERSON TO NOTIFY IN EMERGENCY (*Other than Parent/Guardian*) _____ PHONE _____

PERSON TO NOTIFY IN EMERGENCY (*Other than Parent/Guardian*) _____ PHONE _____

MEMBERSHIP TYPE (*Please circle*)

	<i>Resident</i>	<i>Non-resident</i>
<i>Family Pass</i>	\$85	\$100
<i>Adult 18+</i>	\$40	\$50
<i>Child (3 - 17)</i>	\$30	\$40
<i>Senior 60+</i>	\$30	\$40

ADDITIONAL PASS 1 \$8

ADDITIONAL PASS 2 \$8

TOTAL PASSES _____

TOTAL AMOUNT _____

FOR OFFICE USE ONLY-----

LAST NAME _____ PHONE _____ RESIDENT _____ OR NON-RESIDENT _____

PAYMENT TYPE CHECK # _____ CASH **TOTAL AMOUNT** _____

AUTHORIZED BY _____