## TOWN OF HAVERSTRAW NON-RESIDENT FORM

## **2023** REGISTRATION FORM FOR BOWLINE POINT PARK

PARKS & RECREATION DEPARTMENT

HOME ADDRESS:		
PHONE NUMBER:	EMA	IL:
RENEWING CARD	HOLDER	NEW CARDHOLDER
<ul><li>PLEASE LIST NAME &amp; DATE OF</li><li>AN I.D. CARD.</li></ul>	BIRTH FOR EACH PER	SON IN YOUR FAMILY THAT IS GETTING
- EACH APPLICANT MUST HAVE	TWO PROOFS	S OF RESIDENCY.
- APPLICANTS LESS THAN 21 YE CERTIFICATE.	ARS OF AGE MUST HA	VE PROOF OF AGE – SUCH AS A BIRTH
- PERSONS ELIGIBLE UNDER	ND LIVING AT HOM	E WHO ARE NOT YET 21 YEARS OF CHARGE.
TODAY'S DATE		_ CASH/CHECK
<b>NAME</b> (First & Last)	DATE OF BIRTH (Month, Date, Year	TOWN OF HAVERSTRAW USE ONLY
HEAD OF HOUSEHOLD:	(Month, Butt, Tear	,
SEASONAL POOL & PARK PASS R	ATES	SEASONAL PARK PASS RATES
	550.00	( ) Family Park Pass \$350.00
	300.00	( ) Individual Park Pass \$200.00
( ) Child (3-17) Pool Pass	6250.00	
A LOST OR	NEW I.D. CARD IS \$5	5.00 PER PERSON
	<u> </u>	y that I (We) have read and will abide by all er certify that all information contained in this

Date

Signature (if under 18, a parent/guardian must sign)