

TOWN OF HAVERSTRAW RESIDENT FORM

2025 REGISTRATION FORM FOR BOWLINE POINT PARK PARKS & RECREATION DEPARTMENT

HOME ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

RENEWING CARDHOLDER

NEW CARDHOLDER

- PLEASE LIST NAME & DATE OF BIRTH FOR EACH PERSON IN YOUR FAMILY THAT IS GETTING AN I.D. CARD.
- EACH APPLICANT MUST HAVE **TWO PROOFS OF RESIDENCY.**
- APPLICANTS LESS THAN 21 YEARS OF AGE MUST HAVE PROOF OF AGE – SUCH AS A BIRTH CERTIFICATE.
- **PERSONS ELIGIBLE UNDER FAMILY PLAN ARE (2) PARENTS AND ALL CHILDREN, UNMARRIED AND LIVING AT HOME WHO ARE NOT YET 21 YEARS OF AGE.**
- CHILDREN UNDER THE AGE OF 3 YEARS OLD ARE NO CHARGE.
- A CHILD **UNDER 12** YEARS OLD MUST BE **LINKED** TO AN ADULT FAMILY MEMBER.

TODAY'S DATE _____ CASH/CHECK _____

NAME (First & Last)	DATE OF BIRTH (Month, Date, Year)	TOWN OF HAVERSTRAW USE ONLY
HEAD OF HOUSEHOLD:		

SEASONAL POOL & PARK PASS RATES

- () Family Pool Pass **\$275.00**
- () Adults (18 & over) Pool Pass **\$150.00**
- () Child (3-17) Pool Pass **\$125.00**

SEASONAL PARK PASS RATES

- () Family Park Pass **\$175.00**
- () Individual Park Pass **\$100.00**

A LOST OR NEW I.D. CARD IS \$5.00 PER PERSON

TOTAL AMOUNT OF MONEY \$ _____ (Include cost of each I.D card) I hereby certify that I (We) have read and will abide by all Rules & Regulations governing the use of these facilities. I further certify that all information contained in this Registration Form is correct.

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

Date