

BEDFORD MEMORIAL TOWN POOL – MEMBERSHIP FORM (2010)
(Print Clearly)

LAST NAME

HOUSEHOLD ADDRESS:

HOME PHONE

PARENT CELL PHONE

E-mail address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

FAMILY PASS – A family is identified as any (5) members of the same household related by blood, marriage or legal guardianship. A family season pass is available and if you would like to add a sitter there is an additional \$20 fee. You must present pass at all times at the pool for admittance.

	NAME	AGE	PASS#
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

SITTER: _____

Please note any special health problems, allergies, conditions, restrictions, and/or requirements that the Pool Staff should be aware of:

CHECK ONE OF THE FOLLOWING FOR A SEASON PASS
(ALL Pool fees are non-refundable)

- | | |
|---|---|
| BEDFORD RESIDENTS | NON-RESIDENT |
| <input type="checkbox"/> Senior age 60+ FREE | <input type="checkbox"/> Senior age 60+ FREE |
| <input type="checkbox"/> Single \$50.00 | <input type="checkbox"/> Single \$100.00 |
| <input type="checkbox"/> Family \$100.00 | <input type="checkbox"/> Family \$200.00 |
| <input type="checkbox"/> Family w/sitter \$120.00 | <input type="checkbox"/> Family w/sitter \$240.00 |

MAKE CHECK PAYABLE: Town of Bedford

MAIL PAYMENT TO: Parks & Recreation Department (Pool Membership)
24 N. Amherst Road, Bedford, NH 03110

OFFICE USE: Date Rec: _____ Amt Pd: _____ Membership #: _____