TOWN OF HAVERSTRAW **RESIDENT FORM**

2026 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 **$290.00**
( ) 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**