

Brunswick Parks and Recreation Department
Coffin Pond Season Pass 2007

Please Print Clearly

Primary Guardian

First Name _____ Last Name _____ Tag# _____
 Home Address _____ DOB _____ Male Female
 Mailing Address _____
 Town _____ ST _____ Zip _____
 Phone: Home _____ Work Phone _____ Ext. _____
 Cell Phone _____ Pager _____ Email _____

Secondary Guardian (spouse)

First Name _____ Last Name _____ Tag# _____
 Home Address _____ DOB _____ Male Female
 Mailing Address _____
 Town _____ ST _____ Zip _____
 Phone: Home _____ Work Phone _____ Ext. _____
 Cell Phone _____ Pager _____ Email _____

Please list all **additional** *family members* who will use tags:

NOTE: A family is immediate family members residing within one household. Residency is determined by Primary Guardian

First & Last Name	DOB	M/F	Tag #
First & Last Name	DOB	M/F	Tag #
First & Last Name	DOB	M/F	Tag #
First & Last Name	DOB	M/F	Tag #
First & Last Name	DOB	M/F	Tag #
First & Last Name	DOB	M/F	Tag #

Resident	<input type="checkbox"/> Family – 156000-01	\$35.00	<input type="checkbox"/> Individual – 156000-03	\$17.25	For Office Use Date _____ Amt\$ _____ Rec.# _____ <input type="checkbox"/> Computer Initials _____
	<input type="checkbox"/> Youth (12 or younger) 156000-02	\$11.50	<input type="checkbox"/> Senior Citizen (55 and over) 156000-04	\$11.50	
Non-resident	<input type="checkbox"/> Family – 156000-01	\$60.00	<input type="checkbox"/> Individual – 156000-03	\$30.00	
	<input type="checkbox"/> Youth (12 or younger) 156000-02	\$17.25	<input type="checkbox"/> Senior Citizen (55 and over) 156000-04	\$17.25	