

Brunswick Parks and Recreation Department  
***Coffin Pond Season Pass 2016***

*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 \$60.00	<input type="checkbox"/> Individual – 156000-03 \$30.00	For Office Use Date _____ Amt\$ _____
	<input type="checkbox"/> Youth (12 or younger) 156000-02 \$20.00	<input type="checkbox"/> Senior Citizen (55 and over) 156000-04 \$20.00	
Non-Resident	<input type="checkbox"/> Family – 156000-01 \$105.00	<input type="checkbox"/> Individual – 156000-03 \$53.00	<input type="checkbox"/> Computer Initials _____
	<input type="checkbox"/> Youth (12 or younger) 156000-02 \$30.00	<input type="checkbox"/> Senior Citizen (55 and over) 156000-04 \$30.00	