

**(2024) BEDFORD MEMORIAL TOWN POOL – MEMBERSHIP FORM**  
(Print Clearly)

\_\_\_\_\_  
FAMILY LAST NAME

\_\_\_\_\_  
HOUSEHOLD ADDRESS

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

E-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Family Pass** – A Family is identified as any (5) members defined as parents and dependents who are **permanent residents of the same household** related by blood, marriage or legal guardianship. Additional family members may be added for a fee of \$20/person. **(children ages 2 and under require no pass)**

**REMINDER: \*\*You must present your pass at all times at the pool check-in desk for admittance\*\***

	NAME	AGE	(OFFICE USE) PASS#
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
	<b>Additional Family members and/or sitter (\$20 additional fee)</b>		
6.	_____		
7.	_____		

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**

- Senior age 60+ FREE
- Single \$100.00
- Family \$150.00
- Family w/sitter \$170.00

**NON-RESIDENT**

- Senior age 60+ FREE
- Single \$200.00
- Family \$300.00
- Family w/sitter \$340.00

MAKE CHECK PAYABLE: Town of Bedford

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

**OFFICE USE: Date Rec:** \_\_\_\_\_ **Amt Pd:** \_\_\_\_\_ **Membership #:** \_\_\_\_\_  
**REV: 1-12-2024**