BEDFORD MEMORIAL TOWN POOL – MEMBERSHIP FORM (2023) (Print Clearly)

FAMILY LAST NAME		
HOUSEHOLD ADDRESS		
HOME PHONE	E PHONE CELL PHONE	
E-mail address:		
		Phone #
	l by blood, marriage or lega	as parents and dependents who are <u>permanent</u> al guardianship. Additional family members may ire no pass)
REMINDER: **You must prese	nt your pass at all times a	at the pool check-in desk for admittance**
NAME	AGE	(OFFICE USE) PASS#
1.		
2.		
3.		
4.		
5. Additional Family members a	nd/or sitter (\$20 addition	al fee)
6.		
7.		
	llergies, conditions, restrictions,	, and/or requirements that the Pool Staff should be aware of:
	NE OF THE FOLLOWIN L POOL FEES ARE NO	NG FOR A SEASON PASS N-REFUNDARLE)
<u>BEDFORD RESIDENTS</u>	ET GOLTELS TIRE TO	NON-RESIDENT
() Senior age 60+ FREE		() Senior age 60+ FREE
() Single \$100.00		() Single \$200.00
() Family \$150.00() Family w/sitter \$170.00		() Family \$300.00() Family w/sitter \$340.00
M	AKE CHECK PAYABLE:	Town of Bedford
MAIL TO: Parks & Recreation	Department (Pool Membe	rship) 24 N. Amherst Road, Bedford, NH 03110
OFFICE USE: Date Rec:	Amt Pd:	Membership #:

OFFICE USE: Date Rec: REV: 2-22-2023