



# BEDFORD RECREATION & PARKS



## 2023 POOL APPLICATION

PARK DISTRICT  BEDFORD HILLS  BEDFORD VILLAGE  KATONAH

Family Name:	Home #:
Address (street,city,zip):	
Mailing Address (if different):	
Email:	Volunteer Organization <input type="checkbox"/> BHFD <input type="checkbox"/> BVFD <input type="checkbox"/> KFD <input type="checkbox"/> KBHVAC

First Name	Last Name (If different form above)	Date of Birth	Grade in September (If applicable)

Membership Type:    **Discount Fee: 3/29 – 5/4 @ 4:00pm**  
**Regular Fee: 5/4 @ 4:00pm**

<input type="checkbox"/> Family \$360.00 \$414.00	<input type="checkbox"/> Adult \$177.00 \$205.00	<input type="checkbox"/> Child \$64.00 \$74.00	<input type="checkbox"/> Senior \$50.00	<input type="checkbox"/> Adult Flex Pass \$95.00 (includes 5 visits)	<input type="checkbox"/> Child Care Provider \$273.00	Guest Discount Card <input type="checkbox"/> Adult \$120.00 <input type="checkbox"/> Child \$80.00
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**Swimming Pool Closings:** Pools may close during the summer for special events (i.e.; swim meets) and weather-related instances. No refunds will be issued. Advance notice for special events will be posted and emailed when possible. **If your hamlet pool is closed due to a swim meet/event your membership entitles you to utilize any hamlet pool.**

**General Release:** My signature below indicates I have read, understand and will comply with all department rules and regulations and that all information I have provided is true and accurate. False information or violation of rules and regulations will lead to revocation of pool ID cards and loss of park/pool privileges. Furthermore, the undersigned hereby releases the town of Bedford, its Town Board, Recreation and Parks Department, employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Bedford Recreation and Parks Department. I understand the department may use photos taken during events unless I notify them in writing.

Signature\_\_\_\_\_

Date\_\_\_\_\_



# BEDFORD RECREATION & PARKS



## 2023 POOL MEMBERSHIP PAYMENT FORM

Name:		
Address:	City:	Zip:
Home #:	Cell #:	
Email:		

### METHOD OF PAYMENT:

CASH

CHECK # \_\_\_\_\_

Checks payable to: "Town of Bedford"

CREDIT/DEBIT CARD \* (3% additional fee)

\*Credit Card information below is shredded after processing.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Mail to:

### Drop it Off:

### Email to:

Bedford Recreation & Parks 425 Cherry Street Bedford Hills, NY 10507	Bedford Recreation & Parks 425 Cherry Street Bedford Hills, NY  <i>Note: Silver mailbox outside office building's front door</i>	Bedford Recreation & Parks  recreation@bedfordny.gov Subject: 2023 Pool Pass
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Office Use: Date received \_\_\_\_\_