

2018 NARA PARK BEACH MEMBERSHIP REGISTRATION

Saturday, May 26 – August 31

Registration for beach membership may be completed in person at our office located at 50 Audubon Drive, or by mail to the address below. Please complete your registration form—incomplete forms will not be processed. All forms must be signed and all birthdates must be noted. Mailed-in registrations must be postmarked by May 31, 2018 to receive early bird discount. Beach passes will be mailed out within seven business days of registration received. If you have paid for your season pass and have not received it and want to use the beach, verification can be made by the beach monitor by checking our current beach membership roster. A complimentary limited guest pass is given to each seasonal membership purchased.

For further information contact the Recreation Department at (978) 929-6640 during business hours, 8 AM – 5 PM, Monday-Friday. The office is located at 50 Audubon Drive. Please note our mailing address is different than our office location.

Mail registration form to: Acton Recreation Department, 472 Main Street, Acton, MA 01720.

Please make check payable to: "Town of Acton" (no out-of-state checks accepted)

Credit Card Transaction: \$3 credit card cost fee for each \$99 charged will be added if paying for membership with MasterCard or VISA.

All cash transactions must be completed in person at the Recreation Department located at 50 Audubon Drive.

(Please Print)

Family (Household) Last Name: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different) _____ City _____ State: _____ Zip _____

E-Mail Address: _____

Cell Phone: _____ Daytime: _____ Evening: _____

The Recreation Department reserves the right to request/verify proof of residency. For family and couple memberships, list all immediate household family members and ages below.

Check Membership Selection:

ACTON RESIDENTS

Early Bird Rate:
If paid on or before May 31, 2018

Regular Season Rate:
Rates as of June 1 – August 31, 2018

- | | | |
|--|------------|------------|
| <input type="checkbox"/> Family | \$145 ____ | \$200 ____ |
| <input type="checkbox"/> Individual | \$75 ____ | \$105 ____ |
| <input type="checkbox"/> Senior (65+) | \$25 ____ | \$25 ____ |
| <input type="checkbox"/> Couple (2 adults) | \$100 ____ | \$135 ____ |

NON-RESIDENTS

Early Bird Rate:
If paid on or before May 31, 2018

Regular Season Rate:
Rates as of June 1 – August 31, 2018

- | | | |
|--|------------|------------|
| <input type="checkbox"/> Family | \$200 ____ | \$250 ____ |
| <input type="checkbox"/> Individual | \$110 ____ | \$135 ____ |
| <input type="checkbox"/> Senior (65+) | \$40 ____ | \$40 ____ |
| <input type="checkbox"/> Couple (2 adults) | \$140 ____ | \$175 ____ |

List *Household Members, Date of Birth, Male/Female:

Name: _____ Birth Date ___/___/___ M / F Name: _____ Birth Date ___/___/___ M / F

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Name: _____ Birth Date ___/___/___ M / F Name: _____ Birth Date ___/___/___ M / F

***Household members are those who reside in your home year-round and can be verified by the Town Clerk.**

WAIVER: Refunds are not given for beach memberships. Refunds are also not given for weather related closures, Board of Health water standards, or lifeguard safety ratios. The Town of Acton has the right to revoke a beach membership for non compliance to beach rules and regulations.

Applicant and family members agree to hold harmless the Town of Acton and/or its employees from claims or liability related to any accident that may occur. Applicant and family members give permission for medical treatment to be given if the need arises. I attest that the household members listed reside year-round at my residence listed above.

_____/_____/2018

Applicant's Signature (Parent/Guardian if under 18) _____ Date _____

2018 Daily Beach Rates Available (Residents Must Show ID)

Acton Residents: \$6 per person for ages 2 & up, with a cap of \$24 per household up to 6 members.

Non- Residents: \$8 per person for ages 11 & under, \$10 for ages 12 & up, with a cap of \$45 per household up to 6 members.

Special Group Rate (Must submit a Field and Facilities Request Form): \$4 Acton Resident/\$6 Non-Resident

Office Use Only:

Paid by: CK ____ MC ____ VISA ____ CASH ____ Other _____ **Amount Paid:** _____ **Date Received:** ___/___/2018

Staff: mlr ____ mr ____ cf ____ mh ____ **Special Note:** _____