

Redding Park and Recreation

Topstone Park Pass Application - (PLEASE PRINT) Date: _____

Passholder Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____

Date of Birth ____/____/____ Signature _____

Email _____

I understand that availability may be limited this season due to COVID 19 pandemic. Reservation are still required and there is no guarantee that I will get every date I want although it is likely I can get at least 6 visits if I reserve at least a few days in advance. I attest by my signature that the information on this form is correct and that none of the people listed as residents below live at another primary address other than the nanny. A nanny may be substituted for one of the two included adults. Additional adults and children must pay for an additional pass (or the daily guest fees). I understand photos may be used by the department for promotional materials or advertising unless I notify the department in writing. I release and hold the town harmless from any injuries incurred in town recreational activities. Fax (203) 938-1071.

Type of Pass:	Single						
	Family	Parent	INDIV	YOUTH	SENIOR	20 Use	Weekly
(Please circle \$)	Pass	Family	(16+)	(3-15)	(60+)	Card	
Residents-	\$130	\$110	\$50	\$35	\$25	\$65	\$12/ person

Non-residents NOT AVAILABLE IN 2020 >>>> NA NA NA

Spouse's Name (or Nanny): _____ Date of Birth ____/____/____

Additional family members "living at your house" under the age of 25:

Name _____ DOB ____/____/____ Name _____ DOB ____/____/____

Name _____ DOB ____/____/____ Name _____ DOB ____/____/____

Name _____ DOB ____/____/____ Name _____ DOB ____/____/____

Additional Family members only @ \$25 adult and \$20 per child (3-15)

Name _____ DOB ____/____/____ Name _____ DOB ____/____/____

Total Fees - Season Pass total _____ + additional members fee _____ + "20 Use Cards" _____
 + Weekly Passes _____ - Deductions (list below) _____ = Total Fee _____

XX _____ XX
 I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa AMEX Discover

Credit Card Number _____ Expiration Date _____ CVV Code _____

Deductions Amt paid 6/17- 7/2 (List dates & money) _____