

BEACH PASS REGISTRATION
TOWN OF GUILFORD, CT

DATE: _____ PASS #: _____

HOUSEHOLD NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

FEE SCHEDULE: Beach Pass Program #38000

*RESIDENT HOUSEHOLD	\$40	RESIDENT SENIOR	\$5	RESIDENT INDIVIDUAL	\$20
*NON-RESIDENT HOUSEHOLD	\$80	NON-RESIDENT SENIOR	\$10	NON-RESIDENT INDIVIDUAL	\$40

*HOUSEHOLD MEMBERS:

Last Name (If Different from Above)	First Name	Age	Fee
TOTAL FEE			

****HOUSEHOLD IS ONE OR TWO ADULTS AND CHILDREN THRU AGE 17 RESIDING AT THE SAME ADDRESS****

AMT. PAID: _____ CHECK #: _____ CASH: ___ CREDIT CARD ___ STAFF INITIAL: _____