

# Middletown Township Recreation Department

*Santa Ferry Ride / December 2, 2017*

Resident / NR | 8:30am | 10:30am | 1:00pm



Last Name	First Name	Phone
Address	City	Zip
Email		

Please list each infant participating (infants are considered anyone under the age of 1 & children are 1-14).  
List the number of adults and children in the chart to the right.

CHILD/INFANT NAME (Please print very clear as names will be used to provide present)	AGE	DOB
1.		
2.		
3.		
4.		
5.		
6.		

Ticket Type	Qty	Amount Due
Adult - \$17 NR- \$21		
Child - \$17 NR-\$21		
Infant - \$5 NR-\$6		
Table Fee - \$8 (must have 8 people)		
Total Due:		

Do any participants require any special accommodations to participate in this activity?  Yes  No *If yes, please specify* \_\_\_\_\_

## **No Transfers. No Refunds. All Sales Are FINAL.**

Please make sure your tickets are stamped correctly before leaving.

Everyone MUST have a ticket. Child and infant tickets must be marked with "CHILD" or "INFANT" on the back.

Returned Check Fee: In accordance with Township Ordinance, a \$20.00 returned check fee will be applied if applicable. In this situation payment must be paid in full, in cash.

I verify that the information written on this form is correct and accurate to the best of my knowledge for the people listed above. I hereby agree to indemnify and save harmless the Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of accident as a result of participation in the Santa Ferry Ride program and activities. By signing below I give my permission for my child/ward to participate.

Code of Conduct: The Code of Conduct can be downloaded at: <http://www.middletownnj.org/recforms> "Code of Conduct".

Please be advised the Township of Middletown reserves the right to use, in its future brochures and any other publicity and/or broadcasts of any kind, any program pictures, audio or video in which I (or my child/ward) may appear.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only – Payment Details**

REC'D BY: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_ ENTERED ON: \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_  Credit Card V/M EXP DATE \_\_\_\_\_

Upper / Lower - Seat Numbers: \_\_\_\_\_