

Middletown Township Recreation Department

Santa Ferry Ride

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

I already have a Community Pass Account.

Yes

No

Last Name	First Name	Phone
Address	City	Zip
Email		

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

INFANT'S NAME	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: _____