

APPLICATION FOR A BROADFORD FAMILY SEASON PASS

I, _____, the undersigned, whose full name and address is listed below, do hereby apply for a Broadford Family Pass for the 2024 calendar year. I understand that the pass is \$40 for individuals who live in Oakland City Limits and vote in the Oakland Municipal Election. The fee is \$45 for everyone else. I also understand that the 2024 Season Pass is not valid for Firework Days or Special Events. The following is the name of my spouse and children living at home, whose names I also wish to have on the pass:

Spouse's Name:		
Children's Names:		
Address & Phone Number:		
Applicant Printed Name:		
Signature of Applicant:		
Fee Enclosed: <i>Check made</i>	\$40 (In city limits)	\$45 (all others)

Town of Oakland

Date