

SEASON'S PASS REGISTRATION FORM

- 1.) This pass is to be affixed to the vehicle registered below
- 2.) License and registration must be presented for verification
- 3.) Payment must accompany this registration form. Please make checks payable to The Town of Somerset.
- 4.) If mailing in this form, please include a SASE for us to mail back the pass.

Address: 140 Wood St, Rm 20, Somerset, MA 02726

- 5.) We must receive *completed* form and payment BEFORE a pass is issued.
- 6.) If the pass is not on the vehicle it is registered to, staff will not honor admittance.

Print Name of Adult Signing Below: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Emergency Contact Person & Phone: _____

Registration # of TRAILER: _____ Registration # of VEHICLE: _____
Registration # of VEHICLE: _____

Description of vehicle: (Ex: White Dodge Pick-up) _____

PASSES SHOULD BE AFFIXED TO THE VEHICLE (DRIVER'S SIDE LOWER WINDSHIELD) OR TRAILER IT IS REGISTERED TO

Fee: Massachusetts Residents \$50 _____
Out-Of-State Resident \$100 _____

Waiver: In consideration of this application, I release the Town of Somerset, it's employees, agents, representatives and other persons or organizations for whose conduct it is responsible from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage resulting or arising from the use of premises, facilities or equipment of the Town of Somerset, or caused in any way by the Town of Somerset, it's employees, agents, representatives and other persons or organizations for whose conduct it is responsible. I have read the program policies and understand them.

Signature: _____

OFFICE USE:

PASS #:

Date: _____ Amount (\$): _____ Cash or Check #: _____ Initials: _____
(circle one)