

# 2019 HALE SUMMER CLUB REGISTRATION CARD

Circle the price of your pass:

SEASON PASSES	FAMILY	COUPLE	ADULT
Summer Pass	\$1,300	\$650	\$375
Staycation Pass <input type="checkbox"/> 6/23-7/6 <input type="checkbox"/> 7/7-7/20 <input type="checkbox"/> 7/21-8/3 <input type="checkbox"/> 8/4-8/17	\$530 per session	\$375 per session	\$190 per session
Off-Peak & Weekend Pass	\$510	\$350	\$175
Senior Pass	N/A	\$275	\$150

BUNDLES	FAMILY	COUPLE	ADULT
Make the Most of Summer	\$775	\$550	\$275

Adults' Names (Last/First/DOB) \_\_\_\_\_

Children's Names (Last/First/DOB) \_\_\_\_\_

Childcare Provider's Name (Au Pair/Babysitter) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

*I certify that the above information is accurate and agree to abide by Hale Reservation's rules. I grant Hale permission to use our photographs in Hale promotional materials. I understand a \$75 processing fee applies to refunds, that requests must be submitted prior to May 24, and that my purchase is nonrefundable after that date.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



80 Carby Street, Westwood, MA 02090  
 tel (781) 326-1770 fax (781) 326-0676  
[www.halereservation.org](http://www.halereservation.org)

For office use only:	
Pmt: _____	Date: _____
Decal #: _____	

Note: Passes may be paid for in multiple installments with payment plans. All fees are due in full by September 2, 2019. Email Shannon Obey at [sobey@halereservation.org](mailto:sobey@halereservation.org) to coordinate a payment plan.

# 2019 HALE SUMMER CLUB PAYMENT METHOD

Cash       Check (Check # \_\_\_\_\_)       Promotion Card (Approved by \_\_\_\_\_)

<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> I'd like to pay by phone (____)____-_____
Cardholder Name _____		
Card Number _____		
Expiration Date _____ / _____		CVV/Security Code _____
<i>If this cardholder's information differs from your registration card, please provide:</i>		
Street Address _____		
City _____	State _____	Zip _____
Signature _____		Date _____