

TOWN OF CORTLANDT PHOTO ID CARD



RPG First & Last Name _____ RPG D.O.B. _____
(Registered Parent and/or Gaurdian)

Street Address _____

City _____ Zip Code _____

Cell Phone # _____ Cell Phone Mobile Provider _____

Yes, I would like to receive text message alerts from the Cortlandt Recreation Department. *By checking this box, I understand that standard text messaging rates may apply.

Email Address _____ Community Pass Username _____

| <h1 style="font-size: 2em; margin: 0;">2018</h1> <p style="font-size: 1.2em; margin: 0;">(Check the following boxes that apply)</p> | | | | ID CARD NUMBER & EXPIRATION DATE <small>(FOR CARDS THAT HAVE NOT YET EXPIRED)</small> | ID CARD (ADULTS & CHILDREN): \$7.00 SENIORS: 60+ \$3.50 | HOLLOW-BROOK GOLF PASS \$12.00 | OFFICE USE ONLY TOTAL AMOUNT |
|---|------------|------------|--------------|--|--|--------------------------------|---------------------------------|
| First Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | # _____ Expir: _____ | | | |
| First Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | # _____ Expir: _____ | | | |
| First Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | # _____ Expir: _____ | | | |
| First Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | # _____ Expir: _____ | | | |
| First Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | # _____ Expir: _____ | | | |
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| First Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | # _____ Expir: _____ | | | |
| GRAND TOTAL: | | | | | \$ | | |

All residents must purchase a Town ID card for \$7.00 when purchasing a Hollow-brook Golf Pass if they do not already have a valid Town ID card.

Replacement ID Card (For Adult, Youth, & Seniors): \$5.00

Please see the 2018 Fall Brochure for Photo ID Session dates & times.

Any questions or concerns, please call us at 914-734-1050.

Mail Check or Money Order to:
 Town of Cortlandt Recreation
 1 Heady Street
 Cortlandt Manor, NY 10567-1254

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|---------------------|
| FOR OFFICE USE ONLY |
| TR Receipt # _____ |
| CC Receipt # _____ |
| Deposited _____ |
| Date _____ |