

BUCKLAND RECREATION AREA 2024 SWIMMING POOL PASSES

FAMILY SEASON POOL PASS -

****FAMILY MEMBERS MUST LIVE IN YOUR HOUSEHOLD****

BUCKLAND RESIDENT - FAMILY of 4 or less	\$200
NON-RESIDENT (MOHAWK SCHOOL DISTRICT) - FAMILY of 4 or less (Ashfield, Charlemont, Colrain, Hawley, Heath, Plainfield, Rowe & Shelburne)	\$300
NON-RESIDENT (OUT OF THE MOHAWK SCHOOL DISTRICT) - FAMILY of 4 or less	\$350

ADD \$25 FOR EACH ADDITIONAL FAMILY
MEMBER LIVING IN YOUR HOUSEHOLD

ONE (1) GUEST PASS (\$25) WILL BE AVAILABLE
TO PURCHASE WITH A FAMILY SEASON PASS

****TO BE USED ONLY WITH A FAMILY SEASON PASS MEMBER****

INDIVIDUAL SEASON POOL PASS -

BUCKLAND RESIDENT -	\$100
NON-RESIDENT (MOHAWK SCHOOL DISTRICT) - (Ashfield, Charlemont, Colrain, Hawley, Heath, Plainfield, Rowe & Shelburne)	\$150
NON-RESIDENT (OUT OF THE MOHAWK SCHOOL DISTRICT) -	\$175

DAY PASS -

BUCKLAND RESIDENT -	\$ 7
NON-RESIDENT (MOHAWK SCHOOL DISTRICT) - (Ashfield, Charlemont, Colrain, Hawley, Heath, Plainfield, Rowe & Shelburne)	\$10
NON-RESIDENT (OUT OF THE MOHAWK SCHOOL DISTRICT) -	\$12

**BUCKLAND RECREATION POOL REGISTRATION FORM
2024 SEASON POOL PASS**

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE #: _____ DATE: _____

PLEASE CHECK ONE

____ Individual Buckland Resident
FEE: \$100

____ Individual Non-Resident (MTRHS District)
FEE: \$150

____ Individual Non-Resident
FEE: \$175

____ Family of 4 or less
Buckland Resident
FEE: \$200

____ Family of 4 or less
Non-Resident (MTRHS District)
FEE: \$300

____ Family of 4 or less
Non-Resident
FEE: \$350

PLEASE LIST FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD:

1) _____ 3) _____

2) _____ 4) _____

ADDITIONAL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD: \$25 ADDITIONAL FEE PER PERSON

1) _____ 3) _____

2) _____ 4) _____

(ONE) GUEST PASS AVAILABLE WITH A FAMILY SEASON PASS: \$25 ADDITIONAL FEE

1) _____

BALANCE DUE: _____

Make check payable to: Town of Buckland - Rec dept - swim pass in the memo line

Mail to: Town of Buckland
Attention: Pam Guyette
17 State Street
Shelburne Falls, Ma 01370

Passes will be returned by mail to the above address or you may pick up at the town office Monday - Thursday.

For Office Use Only:

Date received _____ Payment: Cash _____ Check # _____

Received by: _____ Passes sent: _____