



OnePass

New and Renewal options:
 Online: www.greenwichct.gov/webtrac
 By mail: Park Pass Office,
 PO Box 3003, Greenwich, CT 06830



H/H #

2023 Residency must be verified before completing this application, www.greenwichct.gov/webtrac

Options	Fee prior to 4/15/2023	Fee on or after 4/15/2023	Golf Membership	Fee prior to 5/1/2023	Fee on or after 5/1/2023
Park Adult <i>Individuals turning 16 in 2023 through age 64</i>	\$40	\$45	Junior Golf <i>Individuals turning 10 in 2023 through age 17</i>	\$75	\$95
Park Senior, Includes Racquet <i>Individuals turning 65 in 2023 and up</i>	No fee	No fee	Young Adult Golf <i>Individuals turning 18 in 2023 through age 20</i>	\$130	\$150
Park Youth, Includes Racquet <i>Individuals turning 5 in 2023 through age 15</i>	\$12	\$12	Adult Golf <i>Individuals turning 21 in 2023 through age 64</i>	\$165	\$185
Racquet Adult <i>Individuals turning 16 in 2023 through age 64</i>	\$40	\$45	Senior Golf <i>Individuals turning 65 in 2023 and up</i>	\$110	\$130
Racquet Guest <i>Required in order to bring a partner, if they do not have a Racquet Pass</i>	\$85	\$85			

REPLACEMENT ONEPASS FEE \$15

OnePass holders with active Park option with out-of-town vehicles, may purchase a seasonal resident vehicle pass(\$200) or a single entry vehicle park ticket (\$40) each visit. (Valid for vehicle access to Greenwich Point and Byram Parks in conjunction with active Park option). Seasonal resident vehicle passes may be purchased by uploading to Verify Residency or mailing vehicle registration (in resident's name) and a copy of insurance.

Last Name	First Name	Birth Date MM/DD/YY	Park	Racquet	Racquet Guest	Golf	Lost	Total
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$

Seasonal Vehicle (\$200 each) - Qty.: _____ \$

** There will be a \$25 fee for any returned checks **

TOTAL AMOUNT \$

Name	Birth Date
Address	Zip Code
Email	Cell Phone
Resident Signature	Date ____ / ____ / 2023

BY SIGNING ABOVE, I CERTIFY THAT ALL INFORMATION IN CONNECTION WITH THIS APPLICATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ALL FEES ARE NON-REFUNDABLE.

For Change of Address

Former Address:

Please list names and birth dates of family members moving to new address above.

The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or demetria.nelson@greenwichct.org as soon as possible.

For Office Use Only

Check # / Cash receipt # _____ Initials: _____ Date: ____ / ____ / 2023