

# 2021 HEWITT/HOLCOMB SEASON PASS APPLICATION

Please mail application with Check or Money Order to:  
**Baker County Parks, 1995 Third St., Baker City, OR 97814**

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER REGISTERED NAME OF VEHICLES:** \_\_\_\_\_

**If Season Pass is to include more than one vehicle the vehicle must be registered to the same**

<b>VEHICLE PLATE</b>	_____	<b>PASS #</b>	_____
<b>VEHICLE PLATE</b>	_____	<b>PASS #</b>	_____
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## RULES AND REGULATIONS OF SEASON PASS HOLDERS

1. The cost of a season pass is \$45.00 and may be purchased at anytime during the year but will expire on December 31<sup>st</sup> regardless of when it was purchased.  
This pass is good for (1) year starting January 1 and expiring December 31.
2. If a vehicle is sold or a vehicle needs to be added you must contact the Park Manager to make any changes.
3. Pass must be adhered to the inside of front windshield on the driver's side and be visible at all times or a reminder/citation may occur under Baker County Ordinance 2005-05.
4. Only 1 (one) vehicle listed on this form may be present in the Park at one time.  
If you wish to have more than 1 (one vehicle) in the park at one time, you may purchase a second season pass or pay the day fee of \$5.00.  
Immediate family (son, daughter or spouse) may be issued a permit as a 2<sup>nd</sup> or 3<sup>rd</sup> vehicle but they must reside at the same address as the applicant.
5. At no time is this pass transferable to another vehicle
6. This pass is good for day use parking and/or launching only and does not pertain to overnight camping.
7. Baker County reserves the right to revoke or deny purchase of pass at any time for violations of park rules, regulations and/or ordinances.

I acknowledge that I have read and will adhere to the above rules and regulations as a season pass holder.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*For Office Use*

*CASH*

*DATE PAYMENT RECEIVED* \_\_\_\_\_

*AMOUNT:* \_\_\_\_\_

*CHECK*

\_\_\_\_\_  
Signature of person issuing the pass