



**Sullivan County  
Parks, Recreation & Beautification**

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**Lake Superior Season Pass Application**

SULLIVAN COUNTY PARKS & RECREATION  
100 NORTH STREET / PO BOX 5012  
MONTICELLO, NY 12701

PHONE: 845-807-0287 FAX: 845 807-0526 EMAIL: [SCPARKS@SULLIVANNY.GOV](mailto:SCPARKS@SULLIVANNY.GOV)

<b>*OFFICE USE*</b>	
AMT: _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> Card
CH # _____	
RECEIPT # _____	
Pass #'s: _____ , _____ , _____	
_____ , _____ , _____	

**2026 Season Pass Options:**

- **\*Sullivan County Resident – Senior (Age 62+): \$15.00 per person**
- **\*Sullivan County Resident – Age 3-61: \$20.00 per person**
- **Non-County Resident – Age 3+: \$40.00 per person**

Season passes are available at Lake Superior State Park during Beach Operating Hours and the Parks & Recreation Department in the Sullivan County Government Center.

Payments can be made by check, cash, or card at the Parks & Recreation Department. Checks must be payable to **“Sullivan County Treasurer”**.

\*Proof of Residency or Proof of Ownership **MUST** be shown for a Sullivan County Resident Pass.  
*Proof includes: Driver’s License, Residential Lease, Property Tax Bill, Voter Registration Card, or Property Tax Bill.*

Proof of Identity must be shown for **ALL** Season Passholders.  
*Proof includes: Driver’s License, Birth Certificate, Passport, etc.*

*Please write neatly*

<b>Applicant Name:</b>					
<b>Street Address:</b> <small>(No PO Box)</small>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>			

***Mailing Address (if different than address above):***

<b>Address:</b>			
<b>City:</b>			
<b>State:</b>		<b>Zip Code:</b>	

Flip Over



Pass Information	Available for "Immediate Family Members Only" residing at above physical address. Include Applicant Name below:	Check Off Type of Pass:	*Office Use* Pass #
Name(s): Pass 1		<input type="checkbox"/> Sullivan County Resident – Age 62+: \$15 <input type="checkbox"/> Sullivan County Resident – Age 3-61: \$20 <input type="checkbox"/> Non-County Resident – Age 3+: \$40	
Pass 2		<input type="checkbox"/> Sullivan County Resident – Age 62+: \$15 <input type="checkbox"/> Sullivan County Resident – Age 3-61: \$20 <input type="checkbox"/> Non-County Resident – Age 3+: \$40	
Pass 3		<input type="checkbox"/> Sullivan County Resident – Age 62+: \$15 <input type="checkbox"/> Sullivan County Resident – Age 3-61: \$20 <input type="checkbox"/> Non-County Resident – Age 3+: \$40	
Pass 4		<input type="checkbox"/> Sullivan County Resident – Age 62+: \$15 <input type="checkbox"/> Sullivan County Resident – Age 3-61: \$20 <input type="checkbox"/> Non-County Resident – Age 3+: \$40	
Pass 5		<input type="checkbox"/> Sullivan County Resident – Age 62+: \$15 <input type="checkbox"/> Sullivan County Resident – Age 3-61: \$20 <input type="checkbox"/> Non-County Resident – Age 3+: \$40	
Pass 6		<input type="checkbox"/> Sullivan County Resident – Age 62+: \$15 <input type="checkbox"/> Sullivan County Resident – Age 3-61: \$20 <input type="checkbox"/> Non-County Resident – Age 3+: \$40	

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**

**Please complete if there is a child(ren) in your household.**  
**Statement of Identity and/or Residence by Parent/Guardian**

I, \_\_\_\_\_, certify as the parent/legal guardian of \_\_\_\_\_,  
(Name of Parent/Guardian) (Name of Child)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Name of Child) (Name of Child) (Name of Child)

who resides at \_\_\_\_\_ that this/these name(s) is/are the name by  
(Address)

which (s)he is commonly known and that (s)he resides at the address above. I understand that any false statement I have made on this certification could lead to criminal charges being filed against me.

\_\_\_\_\_

**Parent/Guardian Signature**

*Office Use* <b><u>Proof of Identity &amp; Proof of Identity Presented by Parent/Guardian</u></b>  <b>Photo ID:</b> ____ <b>Birth Certificate:</b> ____ <b>Passport:</b> ____ <b>Other</b> _____
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*Office Use* <b><u>Sullivan County Proof of Residency/Proof of Ownership</u></b>  <b>Driver's License:</b> ____ <b>Lease:</b> ____ <b>Tax Bill:</b> ____ <b>Voter Registration Card:</b> ____ <b>Other:</b> _____
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