

2016 Season Swim Pass/ Punch Pass Application

Any false information on this application can result in cancellation of your season pass

Name: _____

Date: _____

Address: _____

For Emergency Contact Number:

Phone #: () _____

City, State: _____ Zip Code: _____

Cell #: () _____

Membership Type:

_____ Family - \$95.00

_____ Single - \$60.00

_____ Punch- \$40.00

**Please list each family member covered under this season pass:
(immediate family members only)**

Adult * Child **

* Adult is defined as 16 & older

** Child is defined as 15 & under

(check which applies)

1		
2		
3		
4		
5		
6		
7		
8		

Total paid : \$

_____ Cash Check # _____

Customer Signature

Date

City Employee Signature

Date

(tear off for receipt for customer)

Customer: _____

Date: _____

Type of Membership: _____

Amount: _____

City Employee Signature