

2017 AQUATIC CENTER SEASON PASS APPLICATION

Name: _____

Address: _____

Phone Number: (H) _____ (C) _____ (W) _____

E-mail Address (to be added to Mailing List): _____



Please check which one(s) you would like to purchase.

Season Pass: Seniors (60+) \$100: _____ How many: _____
 Children (ages 3-5) \$100: _____ How many: _____
 All Others \$150: _____ How many: _____

*Family \$400: _____
 *The family pass is available for parents and/or legal guardians and any of their unmarried children 18 years of age and under who are residing in the same household. With a family pass, you also receive a car entrance sticker for the 2017 year.

SORRY, BUT NO REFUNDS ARE GIVEN
 SEASON PASSES ARE NONTRANSFERABLE
 * Lost, stolen, or misplaced Season Passes may be replaced for a fee of \$25.00*
 Your Season Pass cannot be used by any other individual
 Valid ID must be presented at front desk when using your Season Pass

Below, please list the **name(s)** and **age(s)** that you would like printed on the pass (es).

If you have chosen a Family Pass, please list all family members to be included.

1. _____ <div style="text-align: center;">Name Age</div>	4. _____ <div style="text-align: center;">Name Age</div>
2. _____ <div style="text-align: center;">Name Age</div>	5. _____ <div style="text-align: center;">Name Age</div>
3. _____ <div style="text-align: center;">Name Age</div>	

Please be aware that the maximum capacity for the Aquatic Center is 1,100. If maximum capacity is reached, no one will be allowed access into the facility unless someone else leaves, regardless of season pass status.

Method of Payment: Cash
 MasterCard/Visa
 In-state Check
 Drivers License # (if paying by check): _____

Signature: _____ Date: _____

Please return completed application with full payment to the **Aquatic Center** or **Welcome Center** during regular operating hours. We accept payment in the form of cash, in-state check (with ID), MasterCard, and Visa.

For Family Pass (Staff use only): Park Sticker #: _____	Replacement Card Log: Date: _____ Employee Initial: _____
<i>\$25.00 fee for Pass Replacement</i>	