Hospers Swimming Pool **2023 Season Pass**

Pass #	
(to	be filled in by pool staff)
lividual	(\$75)

Is this Pass for a family or individual?	Family (\$125) Caretaker (\$25)	Individual (\$75)	
Name:			
(first AND last name of	person purchasing this pass)		
Address			
City & State			
Home Phone Number			
List all persons (individ	dual or immediate family) to be in	cluded on this Pass.	
		Age	
Caretaker:		Age	
(If more space is	needed please write on back and cir	rcle BACK)	
E	Emergency Contact Information		
Name	Relationship _		
Home Phone #	Work Phone #		
Family Doctor	Phone #		
Hospital Preference			
Please list any medical conditions for a			
Parent OR Guardian Signature:			
Pool Staff accepting Form	Doto	Amount Dd	