

Hospers Swimming Pool  
**2024 Season Pass**

Pass # \_\_\_\_\_  
(to be filled in by pool staff)

Is this Pass for a family or individual?

Family (\$125) \_\_\_\_\_ Individual (\$75) \_\_\_\_\_  
Caretaker (\$25) \_\_\_\_\_

Name: \_\_\_\_\_  
(first AND last name of person purchasing this pass)

Address \_\_\_\_\_

City & State \_\_\_\_\_

Home Phone Number \_\_\_\_\_

**List all persons (individual or immediate family) to be included on this Pass.**

\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Caretaker: \_\_\_\_\_ Age \_\_\_\_\_

(If more space is needed please write on back and circle **BACK**)

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any medical conditions for any family member that the Pool Manager should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parent OR Guardian Signature: \_\_\_\_\_

Pool Staff accepting Form \_\_\_\_\_ Date \_\_\_\_\_ Amount Pd \_\_\_\_\_