Hospers Swimming Pool
2025 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 _____

Preferred Phone Number _____

List all persons (individual or <u>immediate</u> family) to be included on this Pass. *To qualify for a Family Pass, all members of the family must reside under the same roof.*

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

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

Caretaker:_____ Age _____

Emergency Contact Information

Name_____ Relationship _____

Preferred 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 _____