

Hospers Swimming Pool
2022 Season Pass

Pass # _____
(to be filled in by pool staff)

Is this Pass for a family or individual? Family (\$100) _____ Individual (\$50) _____

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 _____
_____ 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 _____