2024 Aquatic Center Season Pass Application



Applicant Name:		Address	::	
Phone Number:				
Email Address:	_ {		Staff Use ON	LY:
PASS SELECTION:	V	Darm	Total:	\$
Individual Passes:		<i>V</i> , A	Payment Met	thod: Credit Check
Senior Individual Pass (ages 55 and up)		\$125		heck payment)
Child Individual Pass (ages 3 –	5)	\$125	Pauls Chialas II	
Individual Season Pass (all others)		\$150	Park Sticker #: Staff Initial:	
Family Passes:				
·		4	Replacement	-
Family Duo Pass (up to 2 family members)		\$250	Date	Staff Initial
Family Season Pass (*up to 5 family members)		\$500		
Additional family members can be family season pass for \$75.00 per		\$25.00 fee for	Pass Replacement	
the same household. With a Family Season Pas Below, please list the name(s) and age include all family members.				asses MUST
Name	Age	Name		Age
1		5		
2		6	(ac	dditional fee)
3		7	(ac	lditional fee)
4				
Please be aware that maximum capaci additional patrons will be allowed accelerated holders MUST wait in line for admission admission wristbands. All pass sales ar signing below, you agree and acknowled Center Rules and Regulations.	ess into the facility un n and present Seaso e final. We do not of	ntil capacity reduces, in Passes with ID to the fer refunds, exchange	regardless of season pe front desk attendan es, or transfers for pur	pass status. Pass t to receive daily chased passes. By
Applicant Signature			Date	

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