Application for Season Pass



Primary Applicant	
Name:	
Residential Address:	
Contact Phone:	
Email Address:	
Pass Details	
	18 Child Pass (10-17 years) − DOB: AGE: s, 3 Children □ Adult Lap Swim □ Child Lap Swim − DOB: AGE:
All family members mu	st live at the residential address shown at the top of this form.
Adult #1 Name:	
Adult #2 Name:	
Child #1 Name:	Age:
Child #2 Name:	Age:
Child #3 Name:	Age:
Additional Children will b	pe charged \$15.00 each:
Additional Child Name(s	s): Age(s):
Additional Child Name(s	
Confirmation & Acknowle	
Confirmation & Acknowle I hereby understand and Season Pass hold All conditions of e Any children under be prepared to su Season passes a choose to close t issues. No refund	dgement
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