

Tonopah Memorial Swimming Pool 2017 Season Pass Application

Please list the names, ages, relationship to primary member and any additional information our staff should be aware of for each family member on pass.

****Family (\$75.00)** **Adult (\$50.00)** **Child (\$35.00)**

****Must be member of immediate family living in the same household .
i.e. Parents (or Guardians) and children.**

Name (First & Last)	Relationship to	Age	Additional Information
	Primary Member		

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT:

I certify that all of the information stated above is correct as far as I know and that everyone listed is a member of my immediate family.

Signature (must be 21): _____ Date: _____

Office Use Only:

		Date Sold: _____
Taken By	Approved By	Amt Paid: \$ _____
		Circle One: Chk / Cash / Chg
		Check# _____

