

Allan Swimming Pool

1 WEEK PASS MEMBERSHIP REGISTRATION

FAMILY MEMBERSHIP

PART A: Adult/Caregiver Information

Adult Caregiver's Name #1: _____ Relation to family: _____
Contact Information: Phone #: _____

Adult Caregiver's Name #2: _____ Relation to family: _____
Contact Information: Phone #: _____

PART B: Children's Information

Note: Children must be 18 or under and residing in your home.

Child(ren)'s Name	Age	Birthdate
1.		
2.		
3.		
4.		
5.		

ADULT MEMBERSHIP

PART C: Registrant's Information

Registrant's Name: _____ Phone #: _____

STUDENT MEMBERSHIP (13-18 years old)

PART D: Registrant's Information

Registrant's Name: _____ Age: _____ Birthdate: _____
Phone #: _____

CHILD MEMBERSHIP (6-12 years old)

Note: An adult caregiver must pay admission to supervise a child with a Child Pass (5-7 years old) in the water.

PART E: Parent/Child Information

Child's name: _____ Age: _____ Birthdate: _____
Parent/Guardian Name: _____ Phone #: _____

PART F: Payment Information **FOR OFFICE USE ONLY**

Date of Pass: _____

_____ Family Week	\$80	_____ Student Week	\$35
_____ Adult Week	\$40	_____ Child Week	\$30

Method of Payment: CASH CHQ DEBIT

Receipt #: _____ Receipt Issuer Initial: _____

Date: _____