

MUSCODA MUNICIPAL POOL

2019 SEASON PASS FORM

**ONLY ONE FAMILY PER APPLICATION (2 ADULTS MAX) and
MUST RESIDE IN THE SAME HOUSEHOLD**

Family Name: _____ Phone: _____

Address: _____

Village/Township _____

Resident or Non Resident

Individual or Family Pass

First Name	Last Name	Age	Relationship to person applying	Medical/Allergic Condition

IN CASE OF EMERGENCY:

1st Contact Name: _____ Phone: _____

2nd Contact Name: _____ Phone: _____

Signature of responsible person - MUST BE AT LEAST 18 YEARS OLD

POOL FEES ARE NON-REFUNDABLE

OFFICE/POOL STAFF USE ONLY:

Amount Paid: _____ Date: _____

Sold by: _____

Circle type of pass: Individual Resident \$45 Family Resident \$65
 Individual Non-Resident \$60 Family Non-Resident \$90