MUSCODA MUNICIPAL POOL

2024 SEASON PASS FORM

FAMILY PASS: ALL INDIVIDUALS MUST BE IMMEDIATE FAMILY MEMBERS AND PERMANENT RESIDENTS OF THE HOUSEHOLD, 2 ADULTS MAX

Family Name: _____ Phone: _____

Address: _____

Village/Township _____

☐ Resident ☐ Non Resident ☐ Individual ☐ 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