



City of Evansville Aquatic Center Season Pass Registration

YEAR: 20____

HOUSEHOLD INFORMATION:

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ UNIT/APT NUMBER (IF APPLIES): _____

CITY: _____ STATE: _____ ZIP: _____ CITY/TOWNSHIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

RESIDENCY IS DETERMINED BY WHERE TAXES ARE PAID

RESIDENT

SINGLE PASS \$60
 HOUSEHOLD (UP TO 4) \$180
____ ADDITIONAL MEMBER \$10 EACH

NON-RESIDENT:

SINGLE PASS \$85
 HOUSEHOLD (UP TO 4) \$275
____ ADDITIONAL MEMBER \$15 EACH

SEASONAL PASS HOLDER INFORMATION

RESIDENT: YES NO

FULL NAME: _____

AGE: _____

FULL NAME: _____

AGE: _____

FULL NAME: _____

AGE: _____

FULL NAME: _____

AGE: _____

FULL NAME: _____

AGE: _____

FULL NAME: _____

AGE: _____

FULL NAME: _____

AGE: _____

Ages 3 and Under are Free

SEASON CHARGES: \$ _____ (BASE PRICE) + ADDITIONAL MEMBERS \$ _____ = TOTAL CHARGES: \$ _____

PAYMENT: CHECK # _____ CASH

I understand that the City of Evansville is not responsible for or liable for accidents occurred by those using the Aquatic Center or its facilities. I understand that any misuse of the above membership will result in a non-refundable revocation of the membership. I understand the age requirement for children who are swimmers and non-swimmers using the Aquatic Center and understand the parent supervision policy for parents and their non-swimmer using the facility. I also understand the No Refund Policy on all aquatic fees.

Parent/Guardian or Adult Signature _____ Date: _____