

TOMAHAWK SWIMMING POOL—2018-2019 POOL PASS APPLICATION FORM

Please fill out the form below, and return it with full fee to the pool. Your pass card(s) will then be processed, and you will receive it/them in the mail; each member of a couple or family pass will receive their own card. You will receive a receipt along with your card. Please keep this receipt in case of pass card loss.

2018-2019 pool passes are good for admission by the card holder to any scheduled Open Swim, Lap Swim and Adult Morning Lap Swim (if over age 18) from the date of purchase (beginning September 4, 2018) through May 31, 2019, or through August 30, 2019, depending upon the duration paid for. Passes are NOT good for admission to any other pool functions with the exception of open and lap swim times.

All pass fees must be paid in full at the time of purchase. Accepted forms of payment are cash or **checks payable to the School District of Tomahawk**. These fees are non-transferable and non-refundable. Pass costs are NOT pro-rated if purchased after the beginning date of sale (9/4/18.)

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PLEASE PRINT ALL INFORMATION BELOW:

APPLICANT NAME: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PLEASE CHECK NEXT TO THE PASS REQUESTED, AND ENTER PASS NAMES:

_____ **SINGLE PASS**

SCHOOL TERM, SEPT. 4, 2018 THROUGH MAY 31, 2019: \$40.00

_____ **SINGLE PASS**

FULL YEAR, SEPT. 4, 2018 THROUGH AUGUST 30, 2019: \$60.00

PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE CARD: _____

_____ **COUPLE PASS**

SCHOOL TERM, SEPT. 4, 2018 THROUGH MAY 31, 2019: \$60.00

_____ **COUPLE PASS**

FULL YEAR, SEPT. 4, 2018 THROUGH AUGUST 30, 2019: \$89.50

***COUPLE PASSES ARE FOR ANY 2 PERSONS IN AN IMMEDIATE FAMILY—PLEASE PRINT NAMES YOU WISH TO APPEAR ON THE CARDS:**

1. _____ 2. _____

See OVER for Family Passes...

_____ FAMILY PASS
SCHOOL TERM, SEPT. 4, 2018 THROUGH MAY 31, 2019: \$93.00
_____ FAMILY PASS
FULL YEAR, SEPT. 4, 2018 THROUGH AUGUST 30, 2019: \$137.50

***FAMILY PASSES ARE FOR ANY SIZE IMMEDIATE FAMILY WHO RESIDE IN THE SAME HOUSEHOLD--PLEASE PRINT THE NAMES YOU WISH TO APPEAR ON THE CARDS:**

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

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OFFICE USE ONLY Please do not write below!

TOTAL FEE PAID: _____ **PAYMENT TYPE:** _____

DATE PURCHASED: _____ **PROCESSED:** _____