



**POOL SEASON PASS**

<input type="checkbox"/>	Individual Pass	\$65
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<b>PARTICIPANT INFORMATION</b>					
Last Name:		First Name:		Middle Initial:	
Address:			City:		Zip:
Home Phone:		Cell:		Age:	Male      Female
List an emergency contact:				Phone:	

<input type="checkbox"/>	Family Pass (up to 4 members of the same family)	\$120
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<b>PARENT/GUARDIAN</b>					
Last Name:		First Name:			
Address:			City:		Zip:
Home Phone:		Cell Phone:			
List an emergency contact:				Phone:	

<b>List All Family Members Included on Pass ( up to 4 members of same family)</b>					
Name:			Age:	Male	Female
Name:			Age:	Male	Female
Name:			Age:	Male	Female
Name:			Age:	Male	Female

Participant Signature (Parent/Legal Guardian if under 18) \_\_\_\_\_

Date signed: \_\_\_\_\_

Would you like to contribute \$1.00 to Escalon Recreation Scholarship Fund for disadvantaged youth?

**YES**  
**NO**

<b>FOR OFFICE USE ONLY:</b>			
Date _____	Amount \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Receipt # _____