



## Splash Pad Annual Pass Application

**Membership Type:**

Individual (\$50.00)     Family (\$100.00)

**Adult Name:** \_\_\_\_\_

**Adult Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Payment:**

Check# \_\_\_\_\_     Cash: Rec# \_\_\_\_\_     Credit Card: Approval # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City Staff:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date