



FOR OFFICE USE ONLY	
Application #:	_____
Resident/Non-Res:	_____
ID Verified:	_____
Amount \$:	_____ Cash/Check

Application for Pool Season Pass
Form #PWP003 (rev. 11/16)

Date: _____

Pricing Information

Pre-Season Pass: "Early Bird Discount"

City of Kenosha Resident: _____ Individual - \$55 _____ Group – 5 Residents - \$115
 _____ Additional on group pass – limit 3 additional residents - \$15 each

Non-Resident: _____ Individual - \$60 _____ Group – 5 Non-Residents - \$180
 _____ Additional on group pass – limit 3 additional individuals - \$20 each

Season Pass: After Pools Open

City of Kenosha Resident: _____ Individual - \$60 _____ Group – 5 Residents - \$120
 _____ Additional on group pass – limit 3 additional residents - \$20 each

Non-Resident: _____ Individual - \$75 _____ Group – 5 Non-Residents - \$185
 _____ Additional on group pass – limit 3 additional individuals - \$25 each

Replacement Pass: \$10 [Children age 2 and under do not require a pass.]

Applicant assumes responsibility (and will be the contact person) for all persons listed on this application.

Name	Address	Age	Pass Number	Gift Certificate Number (if applicable)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I have received and read the rules and guidelines for use of the pool facilities and accept the responsibility for communication of the stated guidelines to all seasonal pass holders listed on this application.

Address: _____ Phone: _____

Print Name: _____

Signature: _____ Date: _____