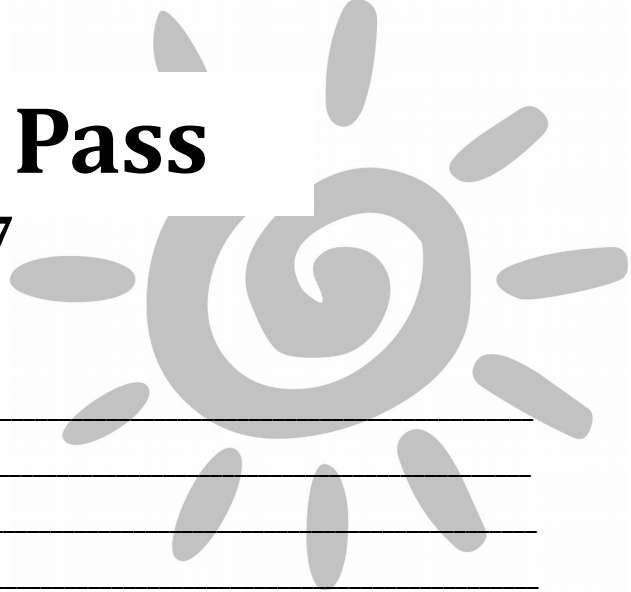


Season Pool Pass

Summer 2017



General Information

Person Responsible: _____

Address: _____

Contact Number: _____

Email: _____

DAILY ADMISSION: \$4.00/person (children 2 and under are free)

INDIVIDUAL PASS: \$50 for one swimmer

1.) Name of Swimmer: _____

(OR)

FAMILY PASS (Up to 4 Swimmers) / \$150:

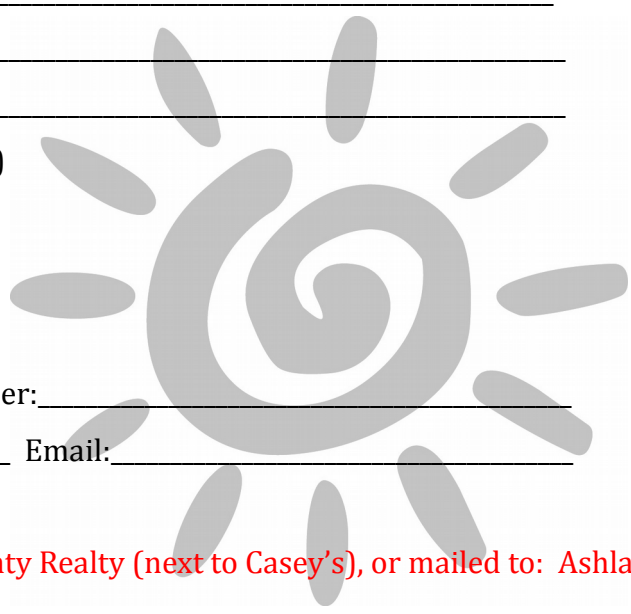
1.) Name of Swimmer: _____

2.) Name of Swimmer: _____

3.) Name of Swimmer: _____

4.) Name of Swimmer: _____

ADDITIONAL MEMBERS TO FAMILY PASS (\$35 each)



Payments Type

Cash: _____ Check: _____ Check Number: _____

Confirmation preference: Phone: _____ Email: _____

Forms may be dropped off at City Hall or South County Realty (next to Casey's), or mailed to: Ashland Optimists PO Box 201 Ashland, MO 65010