

# FORT PAYNE MUNICIPAL SWIMMING POOL PASS

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Ft. Payne Municipal Pool: Individual Pass [\$100.00] \_\_\_ Family of Four Pass [\$150.00] \_\_\_

DeSoto Golf Course Pool: Individual Pass [\$100.00] \_\_\_ Family of Four Pass [\$150.00] \_\_\_

Number of Family Members: \_\_\_  
Each Additional Child [\$10.00] \_\_\_  
Daily Rate Both Po

Name of Family Members

Age

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Parent/Guardian Name (if pass is for a minor): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Pool Pass Effective Date: \_\_\_\_\_

Pool Pass Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fee Paid: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Employee: \_\_\_\_\_

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**ols [\$3.00] \_\_\_\_**

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