



2023 Season Pool Pass

Individual (\$75)

Family up to 5 (\$250)

Full Name: _____ Age: ____

Spouse: _____ Age: ____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Children:

*Participants 9 years and younger, and those who cannot swim, must always have an adult 16 years or older on the pool deck.

Full Name: _____ Age: _____ Circle One: Male/Female

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Full Name: _____ Age: _____ Circle One: Male/Female

*Only family members listed may be admitted under this pool pass. Misuse of this pass may be cause for dismissal of membership.

*I understand and have a copy of the pool rules for the Crosbyton Municipal Swimming Pool. Failure to comply with these rules may result in expulsion from the pool.

Signature: _____ Date: _____

For office use: *****

Date: ____ Amount Paid: ____ Cash Check

Staff Initials: _____ Pool Pass Number: _____