POOL PASS REGISTRATION FORM – MAIL/DROP-OFF/FAX

NATIONAL
Gold Medal Winner

Mail/Drop-off to: Waukesha Parks, Recreation, & Forestry Dept., 1900 Aviation Drive, Waukesha, WI 53188
Fax to: (262) 524-3713 – Must use credit card as payment.
* Make checks payable to WPRF. *

Please print and fill out form completely.

Receipt ID _____
_____Cash _____Check _____CC
Date of Sale _____
Total Amt Due _____
City Residents Yes No
Initials of Seller _____

Early Discount Group Passes through May 28, 2015*

*Only group pass includes 5 guest passes

Ultimate Pool Pass
These packages include the slide fee at Horeb Springs Aquatic Center

Basic Pool Pass
These packages do not include the slide fee at Horeb Springs Aquatic Center

Ultimate Pass

- ☐ Ultimate Group Resident $127
- # ___ Additional Ultimate Resident $ 26 each
- ☐ Ultimate Group Non-resident $191
- # ___ Additional Ultimate Non-resident $ 39 each
- ☐ Ultimate Single Resident $ 64
- ☐ Ultimate Single Non-resident $ 96

Basic Pass

- ☐ Basic Group Resident $108
- # ___ Additional Basic Resident $ 22
- ☐ Basic Group Non-resident $162
- # ___ Additional Basic Non-resident $ 33
- ☐ Basic Single Resident $ 50
- ☐ Basic Single Non-resident $ 75
- ☐ Basic Senior (55+) Resident $ 40
- ☐ Basic Senior (55+) Non-resident $ 60

Regular Group Passes starting May 29, 2015 (No guest passes included)

(Please circle one answer)
What is the primary use of your pool pass?

Buchner HorebSprings

- ☐ Ultimate Group Resident $147
- # ___ Additional Ultimate Resident $ 30 each
- ☐ Ultimate Group Non-resident $221
- # ___ Additional Ultimate Non-resident $ 45 each
- ☐ Ultimate Single Resident $ 73
- ☐ Ultimate Single Non-resident $110

- ☐ Basic Group Resident $129
- # ___ Additional Basic Resident $ 26
- ☐ Basic Group Non-resident $194
- # ___ Additional Basic Non-resident $ 39
- ☐ Basic Single Resident $ 61
- ☐ Basic Single Non-resident $ 92
- ☐ Basic Senior (55+) Resident $ 47
- ☐ Basic Senior (55+) Non-resident $ 71

Payee Name+_____ Address_____ City_____ State_____ Zip Code_____
(Last name, first name)

Phone_____ Emergency Contact Phone_____ Date of Birth_____ Gender: M F E-mail_____

+It is not necessary to rewrite address and phone information in the chart if the payee's information and the pass participant information are the same.

	Pass Participant Name(s)	Address	Zip Code	Phone	Emergency Contact Phone	Date of Birth	Gender M/F
1	If above payee is part of group, please leave this space blank.						
2							
3							
4							
5							

Please note that anyone, any age can make up a group as long as the payee is at least 18 years or older and is responsible for the group. In order to qualify for resident rates, payee must have proof of city residency when the pass is issued. (i.e. driver's license or utility bill). All participants of the pass package must be City of Waukesha residents to qualify for resident rates.

_____ Signature of Payee

_____ Date

Charge Information –VISA or Master Card Only! Not necessary if paying by check or cash.

Credit Card Number	Expiration Date	CSC Code
Cardholder(print name)	Payment Amount $	
Authorized Signature		