



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

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 31, 2018*

*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 June 1, 2018 (no guest passes included)

(Please circle one answer)

What is the primary use of your pool pass?

Buchner Horeb Springs

- 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.

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		

Signature of Payee _____ Date _____