

**MUSCODA MUNICIPAL POOL**  
**2017 SEASON PASS FORM**  
**ONLY ONE FAMILY PER APPLICATION**

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Village/Township \_\_\_\_\_

Resident or Non Resident  
 circle one

Individual or Family Pass  
 circle one

First Name	Last Name	Age	Relationship to person applying	Medical/Allergic Condition

**IN CASE OF EMERGENCY:**

1st Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
 Signature of responsible person - MUST BE AT LEAST 18 YEARS OLD

**POOL FEES ARE NON-REFUNDABLE**

**OFFICE/POOL STAFF USE ONLY:**

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Sold by: \_\_\_\_\_

**Circle type of pass:**      Individual Resident \$45      Family Resident \$65  
                                  Individual Non-Resident \$60      Family Non-Resident \$90