



AMSLER PARK AQUATIC CENTER SEASON PASS

NAME :	_____
ADDRESS:	_____
PHONE #	_____
EMAIL #	_____

Fees:

Individual Season Pass \$40 NAME ON SEASON PASS: _____

Family Pass (4) \$100 1. NAME ON SEASON PASS: _____

2. NAME ON SEASON PASS: _____

3. NAME ON SEASON PASS: _____

4. NAME ON SEASON PASS: _____

Add Family Member to Family Pass \$25 NAME ON SEASON PASS: _____

Add Family Member to Family Pass \$25 NAME ON SEASON PASS: _____

Replacement of Season Pass \$5 NAME ON SEASON PASS: _____

Please email individual photos of each season pass holder to Cthomas@McGregor-Texas.com

Pass will not be printed without a photo.

Please allow 24 business hours for pass to be printed.

Passes can be picked up at the pool office during normal business hours.

Total of Check boxes \$	_____
Paid \$	_____

Responsible Party Signature: _____
(Sign and Date)

Balance Paid: _____