

**Lockport Community Pool  
Summer 2019  
Family Season Pass**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date Purchased \_\_\_\_\_

Names of those included with the purchase of this pass:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*I understand that with the purchase of this pass, my immediate family and myself ONLY (listed above), are included. If I choose to bring others, they must pay as a general swimmer. For families above 5 it is \$6.00 extra per person. I further understand that every member included in this pass must obey all pool rules and the effects of my behavior are at the discretion of the lifeguards on duty, including but not limited to being asked to sit out or leave. I understand that the cost of my pass is \$130.00. I also understand that the unpredictability of the weather may result in premature pool closing or in the pool remaining unopened.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Pool Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Paid (amount) \_\_\_\_\_

Cash

Check