



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.*

Receipt ID	Cash	Check	CC
Date of Sale			
Total Amt Due			
City Residents	Yes	No	
Initials of Seller			

Please print and fill out form completely.

Early Discount Group Passes through June 1, 2017*

*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 2, 2017 (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.

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 _____