

Season Pool Pass Registration

For Office Use Only:							
Amount: \$							
Receipt #:							
Check #:							
Cash: ☐ Yes ☐ No							

Famil	y (Last) Name		Home Phone # Emergency #				
Mailir	ng Address:						
City: _			State:		Zip:		
		Full Name(s)	And Date	Of Birth:			
	<u>NAME</u>	<u>D.O.B.</u>		<u>NAME</u>		$\underline{D.O.B}$.	
1			5				
2			6				
3			7				
4							
Fees:		□ Resident		on-Resident			
	Senior Citizen Pass	\$20.00		\$30.00			
	Individual Pass	\$25.00		\$35.00			
	Family 3 Pass (up to 3)	\$50.00		\$60.00			
	Family 4 Pass (up to 4) (each additional family m	\$75.00 ember) - \$5.00 ea		\$85.00			
****]	Family Passes are for imn	nediate family men	nbers only!				
ent or l	gistration & Refund Policy: A itled to a full refund in the event limited attendance in a program with the determinant of Liberty's	of cancellation, or until will not entitle any indiv	the first day the	ne program begins.	. Late entry into, w	vithdrawal from	
	named individual(s) has/hav Yund Policy.	e permission in the	above desig	nated program	and I have read	the Registration	
	Signature			Date			
	Address: 119 North Ma	in Street, Liberty, NY 127	754 Phone	: (845)292-7690	Fax: (845)292-358	88	