



2020 Swim Registration Form

De Pere Park & Recreation Department

Pre-Season Rates (before 6/13/20)		
Pass Type	Res	Non-Res
Baby Pool (4 yrs. & under)	\$20	\$40
Single, Main Pool	\$50	\$70
*Family	\$75	\$95
Senior (age 60+) - Resident	\$40	--
**Caregiver	\$22	\$42
Lap Swim	\$35	\$55
Lap Swim Senior Resident	\$27	--
Replacement Pass	\$6	\$6

Type of Swim Pass:	
<input type="checkbox"/> Baby (4 yrs. & under)	<input type="checkbox"/> Lap Swim
<input type="checkbox"/> Single	<input type="checkbox"/> Senior Lap Swim
<input type="checkbox"/> Family	<input type="checkbox"/> Senior (60+) - Resident
<input type="checkbox"/> Caregiver	

***Family:** A family membership may consist up to 2 adults & up to 3 immediate dependents living in the same household/same address. Full-time students living at home can be included as a dependent under a family membership. Additional dependents may be added for \$6 each.

****Caregiver Pass:** you may add one named caregiver (like a babysitter or nanny) to a **Family pass** for an additional fee. Pre-season resident / non-resident fee is for the caregiver's residency.

Please note that any new pass holder who doesn't have a pool pass from a prior year will need to have their photo taken. If all family members cannot be present at the time of purchase, they may come in separately to have their photos taken.

Family Last Name _____ Address _____

Cell Phone _____ E-mail _____

City of De Pere Resident **Non-Resident (Town/City)** _____

First Name	Last Name <i>(if different from above)</i>	Adult/Child	DOB	Age	M/F	
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
		<input type="checkbox"/> Adult <input type="checkbox"/> Child				
Caregiver: First Name	Last Name	Address	Phone	DOB	Age	M/F

Emergency Contact

Name _____

Relationship _____

Phone _____

Cash **Credit** **Check**

(Visa, MasterCard, Discover, American Express)

Card # _____ Exp. Date _____

V-Code _____ (required) Amount Paid _____

Signature _____

Person responsible for this registration: _____

OFFICE USE ONLY

Receipt #

Cheryl
 Emily
 Intern/Rec. Assistant
 Cindy