

# 2026 Summer Aquatic Program

---

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pool Pass Information

(Quantity)

**Residential:**  Individual (\$40)  Babysitter (\$10)  Senior Citizen (\$30)  Family (\$100)

**Non-residential:**  Individual (\$50)  Babysitter (\$10)  Senior Citizen (\$40)  Family (\$125)

Full Name	Pass Type	Birthdate

## Contact/Emergency Information

Checks Payable to "City of Fennimore" Amount Due \$ \_\_\_\_\_

I have read and understand the waiver of liability, the class refund, and cancellation policy for the 2019 Summer Aquatics Program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICIAL USE ONLY	Total due: _\$ _____
Date Recorded _____ Initials _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check