Swimming Pool

Like us on FACEBOOK for information on Activities and rain delay!

Visit our website: www.jtwpmc.com

RESIDENT - On or Before June 5, 2018 Like Us



RESIDENT IS ANYONE WHO LIVES IN FARMERSVILLE OR JACKSON **TOWNSHIP**

IAME:	PHONE #	Cell	
DDRESS:	CITY:	ZIP:	
and under are free Resident Pool Pass Rates:		We do accept all major credit care fee on total) (Circle one) Visa, Mastercard, Card #Expiration:	`
Single pass \$50.00 -One (1) person	= \$	Card #Expiration:	
amily of 2 \$90.00 amily of 3 \$115.00 amily of 4 \$130.00	= \$	Or Make checks payable to:	
amily of 3 \$115.00	= \$	Jackson Township and mail to	
amily of 4 \$130.00	= \$	40 E Walnut Street Formersville O	
After 4 each additional member \$15.00 X		Check#	
Total	= \$	Pass will be waiting on you at the pool	
AMILY MEMBERSHIP- LIST ALL NAMES	INCLUDED ON MEM	DEDSHID (Must live in househo	714)
AMILT MEMBERSHIF- LIST ALL NAMES Ame (Please Print)	Age or Adult Name		Age or Adı
Idilie (Please Pilili)	Age of Addit Marile	(Please Plint)	Tye or Auc
	6		
	7		
	8		
Please note: You must be a Farmersville or see other form and pay the Non-Resident pricamily Members must live in your home to be	ces-You will forfeit you		
REMEMBER ALL CHILDREN WHO CA OLD MUST BE ACCO		O ARE UNDER THE AGE O DULT OR GUARDIAN"	F 8 YEAF
MERGENCY CONTACT INFORMATION IAME:	PHONE #	Cell:	
LEASE LIST ANY MEDICAL INFORMATION S	SUCH AS MEDICATION	OR ALLERGIES IN CASE OF EM RD TO THE PROPER MEDICAL S	