

**Farmersville/Jackson Township** Pass Number 2019-\_\_\_\_\_

**Swimming Pool** Like us on FACEBOOK for information on Activities and rain delay!

Visit our website: [www.jtwpmc.com](http://www.jtwpmc.com)

Pool Phone number: (937) 696-9965

**RESIDENT - After June 5, 2019**



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

Don't forget if raining at 12:00 noon opening time, delayed 2 hours, if 2 hours raining, delayed another 2 hours. After 4:00 still raining closed for the day.

**2 and under are free**

**Resident Pool Pass Rates:**

Single pass \$62.00 -One (1) person = \$ \_\_\_\_\_  
 Family of 2 \$105.00 = \$ \_\_\_\_\_  
 Family of 3 \$130.00 = \$ \_\_\_\_\_  
 Family of 4 \$145.00 = \$ \_\_\_\_\_  
 After 4 each additional member \$15.00 X \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total = \$ \_\_\_\_\_  
 Babysitter Pass: \$30.00 x \_\_\_\_\_ Total = \$ \_\_\_\_\_

**We do accept all major credit cards**  
 (Circle one)  
 MasterCard, Discover Visa  
 Card \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Code on back of card: \_\_\_\_\_  
 Or Make checks payable to:  
**Jackson Township** and mail to:  
 49 E. Walnut Street, Farmersville OH  
 45325  
 Check# \_\_\_\_\_  
 Pass will be waiting on you at the pool

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ Cell \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FAMILY MEMBERSHIP- LIST ALL NAMES INCLUDED ON MEMBERSHIP (Must live in household & under 21)**

Name (Please Print clearly)	Age or Adult	Name (Please Print)	Age or Adult
1		5	
2		6	
3		7	
4		8	

Please note: **You must be a Farmersville or Jackson Township resident for this rate.** If you are not a resident, you must use other form and pay the Non-Resident-You will forfeit your membership if you falsify your residency. Family Members must live in your home and be under 21 years of age to be included on pass.

**REMEMBER ALL CHILDREN WHO CAN'T SWIM OR WHO ARE UNDER THE AGE OF 8 YEARS OLD MUST BE ACCOMPANIED BY AN ADULT OR GUARDIAN"**

EMERGENCY CONTACT INFORMATION  
 NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_ Cell: \_\_\_\_\_

PLEASE LIST ANY MEDICAL INFORMATION SUCH AS MEDICATION OR ALLERGIES IN CASE OF EMERGENCY. ALL INFORMATION IS CONFIDENTIAL AND WILL ONLY BE FORWARD TO THE PROPER MEDICAL STAFF IF NEEDED. \_\_\_\_\_

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