

Farmersville/Jackson Township Swimming Pool Pass Number 2020-_____

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

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

RESIDENT – On or Before June 8, 2020

RESIDENT IS ANYONE WHO LIVES IN FARMERSVILLE OR JACKSON TOWNSHIP

Follow us on Facebook for updates !!!!!

NAME: _____ Phone# _____ Cell _____

ADDRESS: _____ City _____ Zip _____

2 and under are free

Resident Pool Pass Rates: On or Before June 8th

Single Pass \$ 45.00 = \$ _____

Family of 2 \$ 80.00 = \$ _____

Family of 3 \$105.00 = \$ _____

Family of 4 \$120.00 = \$ _____

\$15.00 per person for each additional pass member

\$15.00 x _____ = \$ _____

Babysitter pass: \$30.00 x _____ = \$ _____

We do accept Visa and MasterCard Credit Cards

(3% fee on total purchase) (Circle One)

Card # - _____ Exp. Date _____

OR Make Checks payable to: **Jackson Township** and mail to

49 E. Walnut St., Farmersville OH 45325

Your pass can be picked up at the pool

RESIDENT – On or After June 8, 2020

Resident Pool Pass Rates ON and AFTER June 8th:

Single Pass \$ 70.00 = \$ _____

Family of 2 \$105.00 = \$ _____

Family of 3 \$130.00 = \$ _____

Family of 4 \$145.00 = \$ _____

\$15.00 per person for each additional pass member

\$15.00 x _____ = \$ _____ **Babysitter pass:** \$30.00 x _____ = \$ _____

FAMILY MEMBERSHIP – LIST ALL NAMES INCLUDED ON MEMBERSHIP

(Must live in household and be under the age of 21)

Name (Please Print)	Age/Adult	Name (Please Print)	Age/Adult
1 _____		4 _____	
2 _____		5 _____	
3 _____		6 _____	

Please Note: You must be a Farmersville or Jackson Twp. resident for this rate. If you are not a resident, you must use the Non-Resident Form & prices. 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 the Family passes.

REMEMBER – ALL CHILDREN WHO CANNOT SWIM OR WHO ARE UNDER THE AGE OF 8 YRS. OLD, MUST BE ACCOMAIED BY AN ADULT OR GUARDIAN!!

Emergency Contact Information:

NAME: _____ Phone# _____ Cell# _____

PLEASE LIST ANY MEDICAL INFORMATION IN CASE OF EMERGENCY (All information is confidential and will only be forwarded to the proper medical staff if needed: _____)