FIRST CAPITOL POOL AEROBICS / ADULT LAP SWIM / POOL PASS
2016 REGISTRATION FORM

DATE:_____

CHECK THE ONE THAT APPLIES

☐ WATER AEROBICS/ADULT LAP SWIM PER DAY $3
☐ WATER AEROBICS/ADULT LAP SWIM PER MONTH $35
☐ WATER AEROBICS/ADULT LAP SWIM $85 FOR THREE MONTHS (JUNE 1ST THRU AUGUST 31ST)
☐ INDIVIDUAL POOL PASS $50
☐ FAMILY POOL PASS $100

PLEASE PRINT THE FOLLOWING INFORMATION

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____, TEXAS ZIP CODE: _____

PHONE NUMBER: _____ ALTERNATE: _____

WILL CHAIR LIFT BE NEEDED FOR ASSISTANCE TO GET IN AND OUT OF POOL? ☐ YES ☐ NO

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE NUMBER: _____

LIST NAMES OF THOSE RECEIVING FAMILY PASS:

_____

_____

OFFICIAL USE						
DATE	PAYMENT AMOUNT	RECEIVED BY	INVOICE NUMBER	CHECK NUMBER	CASH	NEXT PAYMENT DUE