

Family Aquatic Center/Wilmette Beaches/Lakefront Parking Decal 2019 Season Pass Application

Name (last) _____ (first) _____
(Please Print) (Please Print)

Address _____

City, State _____ Zip Code _____

Phone (Home/Emergency): _____ E-mail address: _____

Gillson Beach Parking Decal

Check One Resident (\$28 per decal) No. of Decals _____ Total Decal Fee: \$ _____
 Non-Resident (\$165 per decal) No. of Decals _____ Total Decal Fee: \$ _____

Pool Guest Wristband packs: 12/pack; 2 pack limit; Beach Guest Pass Books: 12 tickets/book; 2 book limit

Check One Circle "Resident" or "Non-Resident"

Pool Res. \$126 / Non-Res. \$204 No. of Band Packs: _____ Total Pack Fee: \$ _____
 Beach Res. \$84 / Non-Res. \$132 No. of Books: _____ Total Book Fee: \$ _____

Season Pass Options:

Check Option:	Pass Description:*	Fee:
Pool Only <input type="checkbox"/>	_____	_____
Pool & Beach <input type="checkbox"/>	_____	_____
Beach Only <input type="checkbox"/>	_____	_____

*Example: Indicate Individual Pass, 2 Person Pass, 3 Person Pass, etc.

Total Fee: \$ _____

Passes issued to: (indicate type of pass: P (Pool); P/B (Both); B (Beach))

	<u>Name</u> (First, Last)	<u>Gender</u> (M/F)	<u>Birthdate</u>	P	P/B	B
1.	_____	_____	_____			
2.	_____	_____	_____			
3.	_____	_____	_____			
4.	_____	_____	_____			
5.	_____	_____	_____			
6.	_____	_____	_____			

A family consists of up to two adults and dependent children through the age of 23 who reside at the same address.

I declare the above information to be true and correct. I understand that passes are non-transferable and non-refundable. I will provide proof of age and residency upon request. I agree to abide by all rules and present my pass when entering the facility. I have read and fully understand the waiver and release of all claims and assumption of risk on the other side of this form.

Applicant's Signature _____ Date _____

Payment may be made by check payable to Wilmette Park District or by Credit Card.

Method of Payment: (Circle one) Cash Check Discover Visa MasterCard

Credit Card # _____ CVS Code _____

Exp Date: _____

Cardholder Name _____ Zip Code _____

Authorized Signature _____

Parking Decal:	\$ _____
Beach Pass:	\$ _____
Guest Pass Book:	\$ _____
Total Amount Due:	\$ _____

Mail or Fax to: **Wilmette Park District, Administrative Office**
1200 Wilmette Ave., Wilmette, IL 60091
Fax: 847-256-0739 / Phone: 847-256-6100

