

RECEIPT NO:

CHILLICOTHE PARKS AND RECREATION
CHILLI BAY WATER PARK
PASS INFORMATION FORM

Please fill out information below. If you have any questions, contact the Parks and Recreation Department at 660-646-4424 between 7:30AM and 3:30PM Monday through Friday. Season passes are not transferrable and are valid for all regular water park hours for the season indicated. Chillicothe Parks and Recreation reserves the right to offer additional benefits to season pass holders. Punch cards ARE NOT Season Passes. Season passes for individuals and for each family member may require a photograph to be taken of the individual prior to the first card use.

I have read and understand the above statements, and I agree to the terms: _____

FOR OFFICE USE ONLY -PASS PURCHASED:

- | | | |
|---|--|---------------------|
| <input type="checkbox"/> GROUP PASS (up to four individuals) | _____ @ (\$205 until April 30 th) \$225.00 | \$ _____ .00 |
| <input type="checkbox"/> ADDITIONAL INDIVIDUAL(S) Indicate how many | _____ @ \$60 | \$ _____ .00 |
| <input type="checkbox"/> INDIVIDUAL PASS(ES) Indicate how many | _____ @ (\$100 until April 30 th) 110.00 | \$ _____ .00 |
| | Total | \$ _____ .00 |

Please complete for Season Passes. *Contact Information: (Please Print)*

Name _____ Phone (_____) _____
Address _____ Email _____

SEASON PASSES ONLY: Each individual will be assigned a season pass card. Photographs will be taken at selected times prior to the opening of the season, and also will be taken during regular pool hours. Photos are kept on file. For Group Passes the Primary Pass Holder must be 18 years of age or older.

Please indicate the individual(s) assigned to each pass:

Group Pass (up to four individual's) PRIMARY PASS HOLDER'S NAME: _____

	Individual's First Name	Individual's Last Name
1		
2		
3		

Additional Individual(s)

	Individual's First Name	Individual's Last Name
1		
2		
3		
4		

Individual Passes

	Individual's First Name	Individual's Last Name
1		
2		