

2017 AQUATIC CENTER MEMBERSHIP FORM

City of Black River Falls Resident **Residing Within City Limits?** ____ Yes ____ No

Name: _____ Phone Number: _____

Home Address: _____ Township if not City Resident: _____

Please PRINT names of all family members for which this membership is being purchased. Everyone entering the Aquatic Center must have a membership or purchase a daily pass. Family memberships are limited to **5** members of your **IMMEDIATE** family (**i.e., parents/step-parents/guardians and their children residing in their household**). Additional \$5.00 for each family member over 5.

HOURS: June – August Monday – Saturday 11:30 - 7:00 P.M. Sunday 12:30 to 7:00 P.M.

| | Name | Age | Relationship |
|----|-------|-------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Amount received \$ _____

Date received _____

Receipt # _____

Signature _____ Date: _____

| FEE SCHEDULE | City Resident | Non-City Resident* |
|-------------------------------|-------------------------------------|-------------------------------------|
| Family (5 members) | \$150.00 \$100.00 | \$200.00 \$133.00 |
| Each additional family member | \$ 5.00 | \$ 5.00 |
| Adult | \$ 60.00 \$ 40.00 | \$ 90.00 \$ 60.00 |
| Youth (0-18) | \$ 40.00 \$ 26.00 | \$ 60.00 \$ 40.00 |
| <hr/> | | |
| Daily Fees | \$4.00 / Youth | \$5.00 / Adult |

*Non-City resident fees are higher than City resident fees because residents pay a portion of the operating expense in their property taxes.