

CITY OF MOUNT VERNON
Water Park Membership Application

(ALL MEMBERSHIPS ARE NON TRANSFERABLE)

- Non-Refundable Membership
- Non-Refundable Renewal (Select renewal for previous membership only)

2024 Season

Type of Membership: Family Youth (Age 1-5) Individual (Age 6-59) Senior Citizen (Age 60 & Over) Lap Swim (11am-Noon) 6 days/wk

Name _____

Address _____

Telephone Number: _____ School District: _____

Family Membership Only: Names of family members **living within the same household.**
 (Limit 4 people, additional charge for each additional person)
 * PLEASE INCLUDE DATE OF BIRTH FOR CHILDREN UNDER AGE 18.
 * DATE OF BIRTH

Member 1	_____	_____
Member 2	_____	_____
Member 3	_____	_____
Member 4	_____	_____
Member 5	_____	_____
Member 6	_____	_____

E-Mail Address (optional) _____

Contact person in the case of an emergency:

Relationship: _____ Telephone Number: _____
 Relationship: _____ Telephone Number: _____

I/We agree to comply with all rules and regulations while using the aquatic park complex. The City reserves the right to revoke a membership at any time. This membership is NON-TRANSFERABLE.

 (Signature of Applicant) Date _____

Make payments payable to: City of Mount Vernon
Remit to: City Auditor's Office, 40 Public Square, Mount Vernon, Ohio 43050

For Internal Use Only:	
Resident rate only applies to those who <u>reside</u> within Mount Vernon City School District	
Pre season price	<input type="checkbox"/> (Must be postmarked by April 30th)
May 1-July 31 price	<input type="checkbox"/>
Aug 1 & After price	<input type="checkbox"/>
Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>
Amount Paid:	\$ _____