

259-0610-4571-00000

**POLLOCK COMMUNITY WATER PARK
OSHKOSH PARKS DEPARTMENT
2012 SEASON PASS INFORMATION**

Please fill out each line completely and legibly.
PLEASE PRINT

PRIMARY GUARDIAN (first name, last name)

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Emergency Phone: _____

Mobile Phone: _____

Email Address: _____

Resident Status: **(Circle One)** Resident Non-Resident

Emergency Contact Information

First/Last Name: _____

Relation: _____

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

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OSHKOSH PARKS DEPARTMENT
2012 SEASON PASS INFORMATION**

**Please fill out each line completely and legibly.
PLEASE PRINT**

Family Members

Member #1

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

Member #2

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

Member #3

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

Member #4

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

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Family Members

Member #5

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

Member #6

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

Member #7

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____

Member #8

Name: (first, last): _____

Gender: (Circle one) Male Female

Birth Date: _____

Comments (Special Needs): _____