

259-0610-4571-00000

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

Please fill out each line completely and legibly.  
PLEASE PRINT

**Return completed form with payment to:  
Oshkosh Parks Dept, 805 Witzel Avenue, Oshkosh WI 54902**

**HEAD OF HOUSEHOLD** (first name, last name)

\_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Cell Phone provider (US Cellular, Verizon, Sprint, etc.) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

***Emergency Contact Information***

First/Last Name: \_\_\_\_\_

Relation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile/Home Phone: \_\_\_\_\_

Payment (pick one):     Cash     Check     Credit (Visa, Mastercard, Discover)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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**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):** \_\_\_\_\_

**POLLOCK COMMUNITY WATER PARK  
POLICY FOR THE PURCHASE OF SEASON PASSES**

- The City of Oshkosh Parks Department shall issue each person involved with the season pass program a pictured, laminated pass for entry into the water park. It is required that pictures are taken before any pass is issued.
  
- A family pass is limited to all family members who reside at the same address, and who use the household as their permanent address.
  
- The initial purchase of a family pass includes four (4) family members. The four (4) members may include: two (2) parents (including step-parents and/or grandparents) and two (2) children; one (1) parent and/or three (3) children; four (4) children, or any combination, thereof. A maximum of two (2) adults will be allowed per family pass (exceptions may be considered). Additional family members (children) may be added to the family pass at a cost of \$15 each. Proof of residency shall be required for each family pass member.
  
- Extended family or adult children (and their families) living in a parents or family member's household shall obtain their own individual or family pass.
  
- Daycare providers/babysitters are not eligible to be included on a family pass unless they are family members residing at the same address. If any family desires to have a non-family member daycare provider or babysitter involved with accompanying children to the water park, then a separate, individual pass will have to be purchased.