



24 Big Creek Road  
Atmore, AL 36502  
251-446-3423  
251-446-3424 fax

## Application for Annual Family Pass (May 1<sup>st</sup>-September 30<sup>th</sup>) \$ 50.00

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This pass is sold on a **NO REFUND** basis and may not be transferred. Pass will be **REVOKED** if used by persons other than the one it was issued to. There is no guarantee on the minimum number of days available for pass use. Altered or damaged passes will not be honored. Lost or damaged passes will be replaced subject to verification and additional service charge of \$ 5.00.

I agree to follow all rules, policies and instructions, written, verbal or otherwise. Parents/Guardians assume full responsibility for supervision of and actions of any children included on pass application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DISC \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_