



2023 Swim Registration Form

De Pere Parks & Recreation Department

Pre-Season Rates (thru 6/9/23)

LEGION POOL ONLY		
Pass Type	Res	Non-Res
<input type="checkbox"/> Individual	\$37	\$69
<input type="checkbox"/> *Family	\$74	\$158
<input type="checkbox"/> Senior (ages 60+)	\$27	\$69
<input type="checkbox"/> Replacement Pass	\$6	\$6

VFW AQUATIC CENTER & LEGION POOL		
Pass Type	Res	Non-Res
<input type="checkbox"/> Individual	\$48	\$95
<input type="checkbox"/> *Family	\$105	\$221
<input type="checkbox"/> Senior (ages 60+)	\$37	\$95
<input type="checkbox"/> Replacement Pass	\$6	\$6

LAP SWIM (VFW & LEGION)		
Pass Type	Res	Non-Res
<input type="checkbox"/> Individual Lap Swim	\$45	\$60
<input type="checkbox"/> Senior Lap Swim (ages 60+)	\$35	\$50

***Family:** A family membership may consist of up to 2 adults & up to 3 immediate dependents living in the same household/same address. Full-time students living at home can be included as a dependent under a family membership. Additional dependents may be added for \$7 each.

Please note: If you did not purchase a pool membership in 2021 or 2022, you will need to get a new picture taken and pass card printed when you purchase your 2023 membership. If you did purchase a pool membership in 2021 or 2022, you will purchase a 2023 membership and can use the same pass card from 2021 or 2022.

Family Last Name _____ Address _____

Phone _____ E-mail _____

City of De Pere Resident Non-Resident (Town/City) _____

First Name	Last Name <i>(if different from above)</i>	Adult/Child	DOB	Age	M/F
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			
		<input type="checkbox"/> Adult <input type="checkbox"/> Child			

Emergency Contact

Name _____

Relationship _____

Phone _____

Cash Credit Check

(Visa, MasterCard, Discover, American Express)

Card # _____ Exp. Date _____

V-Code _____ (required) Amount Paid _____

Signature _____

OFFICE USE ONLY

Processed by:

Receipt #

Sue Mandi Intern/Rec. Assistant Cindy/Chelsea/Paula