Hastings Family Aquatic Center





customer.			
First Name:		Phone Number:	
	City:	State	Zip
	Emergency Contact:		
	First Name:	First Name:City:	First Name:Phone Number: City:State

PUNCH CARD FEES		Quantity
10 Punches	\$65.00	
20 Punches	\$105.00	
30 Punches	\$123.00	
40 Punches	\$141.00	
Punches over 40	\$35/10 punches	
(Punches over 40 will be pro-rated)	Total	

SEASON PASS FEES			
Family Size	Resident	Non-Resident	Cost
Single	\$65.00	\$76.00	
Family of 2	\$118.00	\$140.00	
Family of 3	\$172.00	\$206.00	
Family of 4	\$227.00	\$272.00	
Family of 5	\$282.00	\$338.00	
Family of 6	\$337.00	\$404.00	
Family of 7	\$392.00	\$469.00	
		To	otal

See back for more instructions.

Reminder: Season passes and Punch cards expire at the end of the current season!

SEASON PASSES (Each family member mu	ist present their own card for admission)		
Family Member #1	DOB		
Family Member #2			
Family Member #3			
Family Member #4			
Family Member #5	DOB		
Family Member #6			
Family Member #7			
Please note that family members must have the same address	SS.		
tivities and I further agree to indemnify and hold the City of Ha	ragree to allow the individuals named to participate in the aforementioned aclastings Aquatic Center, Aquatic Facility Manager, and staff harmless form arementioned individuals arising out of, or in anyway connected with his/her		
Parent/Participant/Guardian Signature	Date		
	How to get your season passes or punch cards:		
Payment: Cash or Credit Card only	By mail: RECOMMENDED Mail us the application with		
Name on card:	payment, we will process and mail your cards to you. (After June 1, they can be picked up at the pool upon request)		
Credit Card Number			
Expiration CVV	920 W 10th St. Hastings, MN 55033		
We accept: Visa MasterCard Discover	Once the Hastings Family Aquatic Center opens you can		
We do not accept checks	buy season passes and punch cards there.		
3.12% non-refundable card fee	Call 480-6179 with questions.		
	920 West 10th St, Hastings MN 55033 651-480-6175 isit our website at: www.hastingsmn.gov		
Office Use Only:			
Date: Staff Person:	Form of Payment: Cash or Charge (Circle one)		