

BARDSTOWN CITY POOL

Season Pass Registration

Pass Contact: _____

Address: _____

City/State: _____

Phone number: _____

Name: _____ Age: _____
Address: _____ Phone: _____

Name: _____ Age: _____
Address: _____ Phone: _____

Name: _____ Age: _____
Address: _____ Phone: _____

Name: _____ Age: _____
Address: _____ Phone: _____

Name: _____ Age: _____
Address: _____ Phone: _____

Note: If this season pass is used in a fraudulent way, all rights and privileges to this pass will be revoked. Verification may be required at admittance. No refunds will be made by the Bardstown Parks and Recreation Department.

Pass Contact Signature: _____

Group Pass ~ \$150.00 (maximum group of 5)
Individual Pass ~ \$50.00



Date Paid: _____

Check #: _____

Accepted by: _____