

Sardinia Town Pool

Season Pass and Swim Lessons Application

First letter of last name



Non-Residents
residing outside of Chaffee/ Sardinia

Family Pool Pass (Entire Season)	\$100
Swim Lessons (Mon-Fri for 6 weeks)	\$100
Each additional child add	\$50

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list the family members that reside in the same household that will be using the pool pass.

Name



Swim Lessons

Please fill in if participating in swim lessons

Lessons Level	Name

**Family passes of more than 6 family members listed on pass are subject to Town Board Approval.

*Swim Lessons run Mon-Fri for 6 weeks

Make Checks Payable to:
TOWN OF SARDINIA

Pool Pass # PPR _____

Family Pass (\$100) \$ _____
 Swim Lessons (\$100) \$ _____
 Additional Children ___ x\$50 \$ _____
 Total \$ _____
 Check # _____
 Receipt # _____