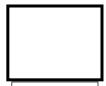
Sardinia Town Pool



Season Pass and Swim Lessons Application

First letter of last name



Name:

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

Phone:_____

Address:					
City:	State:		Zip:		
Please list the family members that reside in the same household that will be using the pool pass.		Swim Lessons Please fill in if participating in swim lessons			
Name			Lessons Level	Name	
**Family passes of more than 6 family member on pass are subject to Town Board Approv			*Swim Lesso	ns run Mon-Fri for 6 weeks	
		Family Pass (\$100) \$			
Make Checks Payable to:		Swim Lessons (\$100) \$			
TOWN OF SARDINIA	A	Additional Childrenx\$50 \$			
				Total \$	
Pool Pass # PPR				Check #	
				Receipt #	