

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

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

Swim Lessons

Please fill in if participating in swim lessons

Lessons Level	Name

*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 # _____