



Pass #

2024 Norris E. Rock Memorial Pool

Last _____ First _____

Address _____

Emergency Contact () _____

E-mail Contact: _____

COMPLETE THIS SECTION FOR PASS HOLDER NAMES- PRINT CLEARLY

First Name	Last Name	Birth date (m/d/yyyy) if under 16	Price
1.			\$95
2.			\$185
3.			\$205
4.			\$230
5.			\$275
6.			\$320
7.			\$365
8.			\$410
9.			\$455
10.			\$500
11.			\$545
12.			\$590
13.			\$635
14.			\$680
15.			\$725
16.			\$770
17.			\$815