



Community Pool

3-month Pool Pass Application*

today's date _____

Name _____

Pick your pass period(s):

Address _____

Jan, Feb, March _____

City/Zip _____

April, May, June _____

Phone _____

July, Aug, Sep _____

Email _____

Oct, Nov, Dec _____

Select the three-month pass you wish to purchase*

DEXTER RESIDENT

NON-RESIDENT

Individual: \$40 _____

Individual: \$75 _____

Family: \$50 _____

Family: \$90 _____

Senior (55 and older): \$30 _____

Senior (55 and older): \$30 _____

**passes purchased halfway thru each session are 1/2 price*

Please issue my pass as follows:

_____ give it to the lifeguard to leave at the pool

_____ mail it to my home

_____ I am taking it with me today

office use only

Amount Paid: _____

Check Number: _____

Pass Issued by: _____

MAIL or BRING this application with check or charge information to Dexter Community Education, 3060 Kensington, Dexter, MI 48130. Our office is in the lobby of the Community Pool. If the office is closed, you may slip this form (with credit card info or your check) through the sliding glass windows. Please do not leave cash or send cash through the mail. Fax this form to **734-426-9515** with the credit card info completed if you would like to charge your fee.

Print Cardholder's Name _____ Date Card Expires _____

Visa

Mastercard

Pin number (back of card)

Cardholder's Signature