

Family Aquatic Center/Wilmette Beaches/Lakefront Parking Decal 2021 Season Pass Application

Name (last) _____ (first) _____
(Please Print) (Please Print)

Address _____

City, State _____ Zip Code _____

Phone (Home/Emergency): _____ E-mail address: _____

Gillson Beach Parking Decal

Check One Resident (\$31 per decal) No. of Decals _____ Total Decal Fee: \$ _____

Non-Resident (\$175 per decal) No. of Decals _____ Total Decal Fee: \$ _____

Season Pass Options:

| Check Option(s): | Pass Description:* | Fee: |
|-------------------------------------|--------------------|-------|
| <input type="checkbox"/> Beach Pass | _____ | _____ |
| <input type="checkbox"/> Pool Pass | _____ | _____ |

*Example: Indicate Individual Pass, 2 Person Pass, 3 Person Pass, etc.

Passes issued to: (indicate type of pass: P (Pool); B (Beach))

| Name (First, Last) | Gender (M/F) | Birthdate | P | B |
|--------------------|--------------|-----------|---|---|
| 1. _____ | _____ | _____ | | |
| 2. _____ | _____ | _____ | | |
| 3. _____ | _____ | _____ | | |
| 4. _____ | _____ | _____ | | |
| 5. _____ | _____ | _____ | | |
| 6. _____ | _____ | _____ | | |

A family consists of up to two adults and dependent children through the age of 23 who reside at the same address.

I declare the above information to be true and correct. I understand that passes are non-transferable and non-refundable. I will provide proof of age and residency upon request. I agree to abide by all rules and present my pass when entering the facility. I have read and fully understand the waiver and release of all claims and assumption of risk on the other side of this form.

Applicant's Signature _____ Date _____

Payment may be made by check payable to Wilmette Park District or by Credit Card.

Method of Payment: (Circle one) Cash Check Discover Visa MasterCard

Credit Card # _____ CVS Code _____

Exp Date: _____

Cardholder Name _____ Zip Code _____

Authorized Signature _____

| | |
|--------------------------|-----------------|
| Parking Decal: | \$ _____ |
| Beach Pass: | \$ _____ |
| Pool Pass: | \$ _____ |
| Total Amount Due: | \$ _____ |

Mail or Fax to: **Wilmette Park District, Administrative Office**
1200 Wilmette Ave., Wilmette, IL 60091
Fax: 847-256-0739 / Phone: 847-256-6100

