

Season Ticket Number:

## Swimming Pool Season Ticket Registration Form

Your Details					
Name:					
Address:					
Phone Number:		Emc	Email:		
Ticket Type					
Single					
Family (2 adults and 2 children under 18)					
Additional child under 18			☐ Number required:		
Full Season □		Half	Half Season (3 continuous months) $\square$		
10 Visit Pass					
	rchasing a family pass, pleased on the pass.	e fill o	ut the below wi	th the details of those	
	Name		DOB	Male/Female	
Adult 1					
Adult 2					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					
	the above information is conentry to the Narromine/Trangel staff.				
Name:		_ Sign	•	Date:	
Amount Paid		Rec	eipt Number		
Ticket Number		Pref	Preferred Pool		
Date of Entr	У			•	
Staff Name		Staf	f Signature		