



2019 South St. Paul Pool Pass Application

South St. Paul Parks & Recreation Department
 100 - 7th Avenue North, South St. Paul, Minnesota 55075

Telephone: 651-366-6200 Weather Hotline: 651-366-6210 Website: southstpaul.org

Daily Admission Punch Card -----		\$35	
(10 transferable daily admissions, a \$5 savings off regular admissions)			
Season Passes -----			
Individual passes good for unlimited entries to the pools. Purchase one pass at the regular price and each additional pass thereafter at a discounted rate for <i>other family members residing in the same household</i> . Passes must be turned in at the pool entrance during admission and retrieved when leaving pool facility.	Resident	Non-Resident	
	First Pass	\$36	\$46
	Each Additional Pass (per household)	\$26	\$36

Punch Cards and Season Passes must be purchased at Central Square Community Center (100 7th Ave. N, South St. Paul, MN 55075). Prices listed above include tax.

The Parks & Recreation Department is not responsible for lost or stolen Punch Cards or Season Passes. Lost or stolen Season Passes must be reported (with ID number) to the Parks & Recreation Department. Season Pass replacement fee is \$10. Replacements are not available for lost or stolen Punch Cards.

Punch Cards and Season Passes are valid starting June 8th, 2019 at the Central Square Community Center, Northview Pool and Splash Pool at Lorraine Park and are good through August 18, 2019.

 Last Name (Parent/Guardian) _____ First Name

 Address _____ City/Zip

 Home Phone _____ Cell Phone _____ E-Mail Address

Pass Type	Quantity			Total
Punch Card	_____	\$35		_____
		Resident Fee	Non-Resident	
First Pass	_____	\$36	\$46	_____
Additional Passes	_____	\$26	\$36	_____
Grand Total:				_____

Name (First, Last if different)	Date of Birth	Age

WAIVER: In consideration of your accepting my child's entry, I hereby for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the City of South St. Paul or School District #6 and its representatives, successors and assigns for any and all injuries suffered by these groups.

Parent/Guardian signature: _____ Date: _____

Office use only: Pass #'s issued: _____