

# OTTAWA METRO PARK BEACH

## 2019 Season Pass Application

(February 20% discount)

Please print in type

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (inc) \_\_\_\_\_ Phone # (ext) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I am applying for:

\_\_\_\_\_ Adult Season Pass \$37.50      \_\_\_\_\_ Youth Season Pass - \$30 (12 & under must be accompanied by person 18 years or older)

\_\_\_\_\_ Family Season Pass (2 member) - \$58.25 (\$18.75 each additional person)

Family passes sold to parents & children living in one household (maximum of 8)

Cash Check  
(circle one)

\$ \_\_\_\_\_  
Total Amt

Name	Age	Name	Age
------	-----	------	-----

1. _____	_____	2. _____	_____
----------	-------	----------	-------

3. _____	_____	4. _____	_____
----------	-------	----------	-------

5. _____	_____	6. _____	_____
----------	-------	----------	-------

7. _____	_____	8. _____	_____
----------	-------	----------	-------

Any medical conditions the staff should be aware of? \_\_\_\_\_

I (cheftestant)

- I (we) must conform to all park rules.
- That this season pass is non transferable.
- That this season pass may be revoked for misuse.
- Replacement cards are available at a cost of \$5.
- Upon request, I must show proper identification.
- Season pass card must be presented to cashier upon each visit.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

Application received by \_\_\_\_\_ Date \_\_\_\_\_

Season pass number \_\_\_\_\_ Receipt number \_\_\_\_\_

Date card issued \_\_\_\_\_ Issued by \_\_\_\_\_