

# OTTAWA METRO PARK BEACH

## 2020 Season Pass Application

(February 25% discount)

Please print or type

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

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (hm) \_\_\_\_\_ Phone # (wk) \_\_\_\_\_

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

I am applying for:

\_\_\_\_\_ Adult Season Pass \$37.50      \_\_\_\_\_ Youth Season Pass - \$30 (12 & under must be accompanied by person 16 years or older)

\_\_\_\_\_ Family Season Pass (2 member) - \$56.25 (\$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 Understand:

- 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.

**Please mail completed application and payment to:**  
Johnny Appleseed Park District  
2355 Ada Road  
Lima, OH 45801

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

### OFFICE USE ONLY:

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

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

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