

Family Pass – 2022
Alfred and Plantagenet Municipal Pool
Registration Form

Pass Number (given by the lifeguard):

Information on the cardholder		
Name:		
Address:		
Date of birth:		Age:
Medical condition(s) or allerg	ie(s):	
Emergency Contact:		
Home phone number:		Work phone number:
	Validi	ity Dates
		nming times every day of the week from June
18 th , 2022 to August 28 th , 20		
		e pass (other than the cardholder)
Name	Age	Medical condition(s) or allergie(s)
	_	
	F	ees
Resident		85,00\$
Non-resident To be eligible for the resident rat	te the cardholo	150,00\$ der must have a residential address from one of the
		of Alfred and Plantagenet (Alfred, Curran, Lefaivre,
Pendleton, Plantagenet, Treadwe	ell et Wendover)).
		ation and Consent
		imming pool of Alfred as well as at the municipal
0.		ited to 60 bathers at a time, and are allocated on a summer season, no reservation is necessary to be
		er (heavy rain, thunder, lightning) swimming will be
suspended for a given time for s	safety reasons.	•
By signing this form, I certify	that all the inf	formation is complete and true.
Signature:		Date:
☐ I agree to be photograph	ed for promo	otional purposes (posters, information leaflets,
website) for the Township	•	• • •
	Offic	ce Only
Amount paid:		Employee's initials:
Receipt number:		Payment method: (check/cash/Interac)