



# OSCEOLA POOL PASS APPLICATION

 621 N State Street, Osceola NE, 68651  
 402-747-8979

 [www.osceolane.com/pool](http://www.osceolane.com/pool)  
 @osceolaswimmingpool

## Pool Hours

Monday - Sunday  
1:00 p.m. - 7:00 p.m.

## Admissions

\$5 Daily  
\$65 Single Pass  
\$100 Family Pass

## Water Aerobics

Monday - Friday  
12:15 p.m.

Single Pass:  \$65 Attached: Check \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Family Pass:  \$100 Attached: Check \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_



## PASS INFORMATION

Pass Holder : \_\_\_\_\_  
Name : \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Emergency : \_\_\_\_\_  
Contact #1 : \_\_\_\_\_  
Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_  
Emergency : \_\_\_\_\_  
Contact #2 : \_\_\_\_\_  
Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_



## FAMILY PASS HOLDERS

**\*IMMEDIATE FAMILY ONLY.** Immediate family includes parents/guardians and their children in their household. A caregiver that is listed on this application will be allowed entry on family pass when accompanying children listed on this pass as their supervisor.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Phone : \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Pass # : \_\_\_\_\_