

2024 HOFFMAN AQUATIC CENTER MEMBERSHIP FORM

City of Black River Falls Resident (residing within city limits) Yes ____ No ____

Date: _____ Township: _____

Home Address: _____

Phone Number: _____ Email: _____

Please PRINT all names of family members for which this membership is being purchased. Everyone entering the aquatic center must have a membership or purchase a daily pass. Family memberships are limited to **5** of your **IMMEDIATE** family (ie. parents, step parents/guardians, children residing in the household). Additional \$5 for each family member over five.

Name	Age	Relationship

Amount Received \$ _____ Date Received _____ Receipt # _____

Signature _____

Fee Schedule	City Resident	Non-City Resident
Family of 5 (\$5 for each additional family member)	\$150	\$200
Adult	\$60	\$90
Youth	\$40	\$60