

2026 HOFFMAN AQUATIC CENTER SEASON PASS 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 members for which this membership is being purchased. Everyone entering the aquatic center must have a membership or purchase a daily pass. **NOTE:** one caregiver is able to be listed on the form (grandparent, nanny, babysitter). Family memberships are limited to **5** of your **IMMEDIATE** family (ie. parents, step parents/guardians, children residing in the household) or **4** of your **IMMEDIATE** family and **1 CAREGIVER**.

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