



Recreation
Center

10-PUNCH PASS

"Optimizing the Experience of Living"

OFFICE USE ONLY: Resident: Y / N

DATE: _____ RECEIVED BY: _____

MEMBERSHIP # (if applicable): _____

AMOUNT PAID: _____

Primary Account Holder First Name: _____ Last Name: _____

Cell Phone: _____ DOB: _____ Gender: _____

Street Address: _____ Are you currently a member? YES NO

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact _____ Phone: _____ Relation: _____

Please list any and all medical conditions: _____

10-PUNCH PASS OPTIONS				
CHECK	RESIDENT	REC CENTER	FITNESS CLASSES	
			Member	Non-Member
<input type="checkbox"/>	ADULT (18-62)	\$120 (One Time: \$15)	\$100 (One Time: \$12.75) (15% Discount)	\$140 (One Time: \$15.00)
<input type="checkbox"/>	SENIOR (62+)	\$100 (One Time: \$12)	\$90 (One Time: \$11.05) (15% Discount)	\$110 (One Time: \$13.00)
<input type="checkbox"/>	YOUTH (15-17)	\$90 (One Time: \$10)	-	
NON-RESIDENT				
<input type="checkbox"/>	ADULT (18-62)	\$170 (One Time: \$18)	\$130 (One Time: \$14.45) (15% Discount)	\$160 (One Time: \$17.00)
<input type="checkbox"/>	SENIOR (62+)	\$140 (One Time: \$15)	\$120 (One Time: \$12.75) (15% Discount)	\$140 (One Time: \$15.00)
<input type="checkbox"/>	YOUTH (15-17)	\$110 (One Time: \$12)	-	

*Requested refunds are only available up to 48 hours prior to the start of the class. Please note, refunds do not apply to memberships.

PAYMENT INFORMATION

Payment Method: ☐ CASH ☐ CHECK ☐ CREDIT/DEBIT CARD ☐ ACH (3 % service fee added all credit/debit cards)

Amount Due: _____ Punch Pass Type: _____

Name on Card: _____

Card Number: _____ Exp. Date: _____ CCV: _____

☐ I understand that my punch pass is not active until I have completed payment, reviewed the Recreation Center guidelines and completed all necessary forms and waivers.

Signature: _____

Date: _____