



Season Pass Form
Glynn County Recreation & Parks Department

Year:

Please Print Clearly

Member 1:

First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
E-Mail Address: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

Pass Type:

Neptune Park Pool	<input type="checkbox"/>
Combo Pass	<input type="checkbox"/>
Ultimate Pass	<input type="checkbox"/>
Mini Golf Pass	<input type="checkbox"/>

Group Type:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Military Family |
| <input type="checkbox"/> Couple | <input type="checkbox"/> Military Couple |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Military Individual |

Office Use Only

Primary Season Pass ID Number: _____

Below enter information for your family or couple membership
***Children 3 and under do not need to be listed on the pass form.

Member 2: _____
Member 3: _____
Member 4: _____
Member 5: _____
Member 6 (add'l cost): _____
Member 7 (add'l cost): _____
Member 8 (add'l cost): _____

Office Use Only

Season Pass ID Numbers:

EXPIRES:

Please check all boxes and sign below:

- I certify that all of the members on my family or couple membership permanently live in the same household year around (This does not include nannies, babysitters or temporary guests in your home).
- I understand that if this is proven to be untrue, that the Glynn County Recreation & Parks Department has the right to revoke my entire family or couples pass without a refund.
- I understand that after purchase, there can be no changes (additions, deletions, etc.) to your season pass.
- I understand that this purchase is non-refundable and non-transferable.

Signature: _____

Office Use Only
Group/Member #: _____
Date: _____
Amount Paid: \$ _____ Cash Check # _____ Credit Card
Staff Initials: _____

White- Customer Copy

Yellow-Office Copy