## THE LEROY AND COLLEN DARBY FAMILY AQUATIC CENTER

100 Bulldog Blvd • P.O. BOX 298, MONONA, IA 52159 • (563)539-4516

FAMILY LAST	NAME (TO APPEAR ON PASS LI	ST):		
PRIMARY CONTACT:		PHONE #:		
SECONDARY/EMERGENCY CONTACT:		PHONE #:		
PUNC	H CARDS AVAILAB	LE AT CITY HALL <b>: \$20</b>	Card for Just \$18!	
Under 2 yrs	_	DAILY PASS RATES  Ages 13 – Adult – \$6 Non-3	Swimmers – <b>\$3</b> Lap Swim – <b>\$3</b>	
	<u>2025 S</u>	EASON PASS RAT	<u>ES</u>	
SINGLE SEASON PASS: <b>\$90</b>		FAMILY PAS	FAMILY PASS ( <u>4 OR LESS</u> PEOPLE): \$200	
	GLE SWIM TEAM PASS: SOR SWIM TEAM PRACTICES ONLY)	\$35 FAMILY PAS	SS <u>(5 OR MORE</u> PEOPLE): <b>\$250</b>	
LIST ALL MEM	BERS TO APPEAR ON P	ASS (NO BABYSITTERS OR EXTENDED FAM	VILY UNLESS THEY LIVE IN THE HOUSEHOLD)	
<u>!</u>	NAME:		AGE (If under 18):	
1)				
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8) _			<del></del>	
Signature: _		Da	ıte:	
		EPARATE CHECK FOR PASSES, LESSONS, AN a'. A processing fee will apply for (		
For Employee Us	se Only (lifeguards – please	complete information below w	hen you accept payment):	
Payment Received By (Name):		Date: _		
CASH:	CHECK:	CA	RD:	