



## CALIFORNIA CITY POOL ANNUAL PASS FORM

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Type of pass: \_\_\_\_\_ Individual \_\_\_\_\_ Family >> How many \_\_\_\_\_  
(\$75) (\$125 for 2 + \$25 for each additional)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### PRIMARY CONTACT INFO:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Issued: \_\_\_\_\_