Brookton Aquatic Centre



2017-18 Season Pass Enrolment Form

Brookton Aquatic Centre PO Box 42

BROOKTON WA 6306 Telephone: 9642 1112 Facsimile: 9642 1173

☐ Single Pass \$ 100		Family Pass \$	196	
Name:				
Parent/Guardian (U18):				
Address:				
			,	
Email:			Phone:	
Season Pass Holder Names 2017-18				
Adults:				
1.				
2.				
Children (attending school only)				Age
1.	3,			U
2.				
3.				
4.				
5.				
6.				
Any relevant	medical inform	ation for pool st	aff to be a	aware of:
Signature:			Date:	
OFFICE USE ONLY				
RECEIPT #:				
POOL MANAGER SIGNATUR	E:			
CAPD ISSUED #:		ENTEDED:	1	