

**POLLOCK COMMUNITY WATER PARK  
OSHKOSH PARKS DEPARTMENT  
2024 SEASON PASS INFORMATION**

Please fill out each line completely and legibly.  
PLEASE PRINT

**Return completed form with payment to:  
Oshkosh Parks Dept, 805 Witzel Avenue, Oshkosh WI 54902**

**HEAD OF HOUSEHOLD** (first name, last name)

\_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Cell Phone provider (US Cellular, Verizon, Sprint, etc.) \_\_\_\_\_

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

Resident Status: **(Circle One)**                      Resident                      Non-Resident

***Emergency Contact Information***

First/Last Name: \_\_\_\_\_

Relation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile/Home Phone: \_\_\_\_\_

Payment (pick one):     Cash     Check     Credit (Visa, Mastercard, Discover)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**OSHKOSH PARKS DEPARTMENT  
2024 SEASON PASS INFORMATION**

**Please fill out each line completely and legibly.  
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**Family Members**

**Member #1**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**Member #2**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**Member #3**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**Member #4**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**OSHKOSH PARKS DEPARTMENT  
2024 SEASON PASS INFORMATION**

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**Family Members**

**Member #5**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**Member #6**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**Member #7**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_

**Member #8**

**Name: (first, last):** \_\_\_\_\_

**Gender:** (Circle one)    Male    Female

**Birth Date:** \_\_\_\_\_

**Comments (Special Needs):** \_\_\_\_\_