

# Hamilton Season Pass



San Rafael Community Services Department  
Hamilton Community Pool, 203 El Bonito Rd, Novato, CA 94949  
415.883.7126 Pool Phone 415 485.3345. Fax 415-485-3344. Terra Linda Community Center

Complete the Membership Application, Hold Harmless and release Agreement for the Hamilton Pool and mail, fax or drop off payment to: Terra Linda Community Center. Once we receive your application, you will be emailed a receipt.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

HomePhone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

<b>HAMILTON POOL MEMBERSHIP</b> (Proof of residency may be required)	
<b>Check One</b> <input type="checkbox"/> Novato Resident <input type="checkbox"/> Non-Resident	<b>Check One</b> <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Individual <input type="checkbox"/> Senior (50+) <input type="checkbox"/> Senior Couple
<b>Joint Membership With...</b> <input type="checkbox"/> Terra Linda Pool	

**All Persons authorized to use membership:**

**Last Name**

**First Name**

1:Adult: \_\_\_\_\_

2:Adult: \_\_\_\_\_

3:Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4:Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5:Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Payment</b> <input type="checkbox"/> Check payable to City of San Rafael <input type="checkbox"/> Charge to Visa or Mastercard: Credit Card # _____
Signature on Card: _____
Expiration Date: _____ Amount Paid: \$ _____ Billing Zip Code: _____
Staff Taking Payment: _____ Date: _____