



# 2021 Wapakoneta WaterPark Membership Information & Application

Wapakoneta WaterPark, 106 Hamilton Rd., Wapakoneta, OH45895 • (419) 738-6412 (Off season, please call (419) 738-6111)  
WaterPark Mailing Address: P.O. Box 269, Wapakoneta, OH 45895

## 2021 MEMBERSHIP FEES:

|  |                    |   |
|--|--------------------|---|
| <b>Family:</b> (Up to 4 persons-includes parents, grandparents, children, babysitter or child care individuals) If Application is received <b>BEFORE</b> May 1, 2021 | \$120.00           | <b>Individual: (Adult)</b> \$40.00  |
| <b>AFTER</b> May 1, 2021   | \$130.00           | <b>Individual: (Child/Student, ages 3-17)</b> \$30.00                           |
| Each additional family member added:   | \$20.00 per person | <b>CHILDREN 2 YEARS OLD &amp; YOUNGER ADMITTED FREE.</b>                        |
|  |                    | <u>2021 Daily Admission Rates without membership:</u><br>ADULTS: \$6 YOUTH: \$5 |

*A family is defined as adult parents/gurdians and children under the age of 18 who reside in the same household. Grandparents whose grandchildren reside with them, temporarily or permanently, may include them in a family membership. No more than 2 adults (those over 18 years old) may be included in a family membership.*

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Emergency Phone Number: \_\_\_\_\_

### Membership Fees: (please check which membership)

#### **Family:**

Up to 4 persons (before May 1)  \$120.00  
 Additional Family Members @20.00 ea. \$ \_\_\_\_\_

Up to 4 persons (after May 1)  \$130.00  
 Additional Family Members @20.00 ea. \$ \_\_\_\_\_

**Adults** (18 years and over)  \$ 40.00

**Youth** (Ages 3-17 years)  \$ 30.00

Donation (your gift toward future WaterPark Improvements)  \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

### Membership Information (for Family Memberships)

*(Please note specific guidelines above)*

|    | First Name | Last Name | Date of Birth | Relationship |
|----|------------|-----------|---------------|--------------|
| 1. | _____      | _____     | _____         | _____        |
| 2. | _____      | _____     | _____         | _____        |
| 3. | _____      | _____     | _____         | _____        |
| 4. | _____      | _____     | _____         | _____        |
| 5. | _____      | _____     | _____         | _____        |
| 6. | _____      | _____     | _____         | _____        |
| 7. | _____      | _____     | _____         | _____        |
| 8. | _____      | _____     | _____         | _____        |

PLEASE MAIL PAYMENT, ALONG WITH CHECK OR MONEY ORDER, AND THE WHITE (TOP) COPY OF THIS FORM TO:

Wapakoneta WaterPark  
P.O. Box 269  
Wapakoneta, OH 45895

*Please retain the yellow copy for your records*

#### **For Office Use Only**

Issue Number \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_