

City Council
 Len Torres, *President*
 Anthony Eramo, *Vice President*
 Eileen J. Goggin
 Scott J. Mandel
 Anissa D. Moore

City of Long Beach

City Manager
 Jack Schnirman



Assistant Superintendent
 of Parks and Recreation
 Paul Ferrante

Parks and Recreation Department

RECREATION MEMBERSHIP NON – RESIDENT

- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership.
- Membership (**Child membership not included**) entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Locker Room, Steam Room & Showers.
- Please fill out all information below and return to Recreation Center, Magnolia Blvd. & W. Bay Drive, Long Beach
- Make checks payable to CITY OF LONG BEACH with proper identification, such as Driver's License. Cash, Visa and MasterCard are also accepted.
- Membership is non-transferable and **non-refundable**.
- Please CHECK-IN AT FRONT DESK each time you come

>> PUT TELEPHONE NUMBER ON CHECK<<

ONE YEAR FACILITY RATES	SIX MONTH FACILITY RATES
_____ Child (15 & Under) \$250.00	_____ Child (15 & Under) \$150.00
_____ Adult \$420.00	_____ Adult \$240.00
_____ Couple \$560.00	_____ Couple \$320.00
_____ Family Plan \$600.00	_____ Family Plan \$350.00
_____ Senior Citizen (60+) \$240.00	_____ Senior Citizen (60+) \$140.00
_____ Physically Challenged \$240.00	_____ Physically Challenged \$140.00
_____ Swim Team Member \$240.00	_____ Swim Team Member \$140.00
THREE MONTH FACILITY RATES	MONTHLY FACILITY RATES
_____ Child (15 & Under) \$90.00	_____ Child (15 & Under) \$40.00
_____ Adult \$140.00	_____ Adult \$70.00
_____ Couple \$200.00	_____ Couple \$85.00
_____ Family Plan \$225.00	_____ Family Plan \$100.00
_____ Senior Citizen (60+) \$80.00	_____ Senior Citizen (60+) \$30.00
_____ Physically Challenged \$80.00	_____ Physically Challenged \$30.00
_____ Swim Team Member \$80.00	_____ Swim Team Member \$30.00

(Please PRINT clearly and check desired membership)

NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

COUPLE NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

STREET _____ CITY _____ ZIP _____

PHONE (day) _____ (night) _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE (day) _____ (night) _____

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____ POSTED _____

NON – RESIDENT MEMBERSHIP APPLICATION

***FAMILY PASS INFORMATION**

FAMILY NAME _____

1. Name _____ **Age** _____ **DOB** _____

2. Name _____ **Age** _____ **DOB** _____

3. Name _____ **Age** _____ **DOB** _____

4. Name _____ **Age** _____ **DOB** _____

5. Name _____ **Age** _____ **DOB** _____

6. Name _____ **Age** _____ **DOB** _____

7. Name _____ **Age** _____ **DOB** _____

8. Name _____ **Age** _____ **DOB** _____

9. Name _____ **Age** _____ **DOB** _____

*** Family Pass includes Parents and children 15 and under residing at the same address.**

RECEIPT # _____ **AMT PAID** _____ **DATE** _____ **STAFF** _____