



CARLISLE BARRACKS SWIMMING POOL MEMBERSHIP

SPLASH ZONE

24-26 MAY
31 MAY - 1 JUN
23-24 AUG
30 AUG - 1 SEPT



4 JUNE - 18 AUGUST 2025

WEEKDAYS: 11:30 am - 6 pm • WEEKENDS: 12 - 6 pm

Check Box:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Active Duty/Officer | <input type="checkbox"/> Active Duty/Enlisted | <input type="checkbox"/> Retired Military | <input type="checkbox"/> DoD Civilian |
| <input type="checkbox"/> Season Pass | <input type="checkbox"/> 2 Month Pass | <input type="checkbox"/> 1 Month Pass | <input type="checkbox"/> 2 Week Pass |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New Membership | <input type="checkbox"/> 7 Day Pass (nonconsecutive) | |

LAP SWIM - WEEKDAYS: 11:30 am - 1 pm • SUNDAY: 12 - 1 pm

Sponsor Name:

Last: _____

First: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Signature: _____

DOB: _____

Additional Family Members: Dependents living in the same household only. Ages 3 & under are free, but must be listed.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

REGISTRATION/FEES: Payment must be made at time of registration by Cash or Credit Card. No refunds without a doctors slip or PCS ordrs. Refunds will be prorated.

EMPLOYEE USE ONLY

☐ Cash

☐ Credit Card

Signature: _____

Amount: _____ Date: _____