



<i>Staff Use Only:</i> Sale Location: _____  Sales Staff: _____
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# Three Oaks Recreation Area Dependent Care Provider Pass

**Pass Information – Pass Cost: \$20**

Resident Parent / Guardian Information		
Resident Name (Parent(s) of Dependent(s))		
Street Address		
City, State, Zip		
Home Phone #		
Cell Phone #		
E-Mail Address		
Child Name	Child Age	Child Date of Birth

I verify that I am a resident of the City of Crystal Lake and that the below Dependent Care Provider is caring for my children.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Dependent Care Provider Information	
Name:	
Address:	
City, State, Zip	
Home Phone #	
Cell Phone #	
E-Mail Address	

I verify that I am a dependent care provider for the above children.

\_\_\_\_\_  
Signature of Dependant Care Provider

\_\_\_\_\_  
Date

**Pass Terms and Conditions**

The pass is valid only when the card holder accompanies the resident children to the park. When the pass is presented at the Three Oaks Recreation Area, the dependent care provider, and the children being accompanied by the provider shall receive free parking, free beach entrance, and resident marina rental rates. It is valid Monday-Friday, from Memorial Day weekend to Labor Day.