Staff Use Only:
Sale Location:_____

Sales Staff:_____

Three Oaks Recreation Area
Non- Resident Dependent Care Provider Pass

Pass Information – Pass Cost: $20

Resident Information	
Resident Name (Parent(s) of Dependent(s) or Self)	
Street Address	
City, State, Zip	
Home Phone #	
Cell Phone #	
E-Mail Address	

Name	Age	Date of Birth

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

_____ _____

Signature **Date**

Non-Resident 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 persons.

_____ _____

Signature of Non-Resident Dependent Care Provider **Date**

Pass Terms and Conditions

The pass is valid only when the card holder accompanies the resident to the park. When the pass is presented at the Three Oaks Recreation Area, the non-resident dependent care provider, and the person 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.