



## Plaza Passport Registration Form

### APPLICANT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Work Phone:

Date of Birth:

Anniversary:

Email:

### MEMBERSHIP INFORMATION

Type of membership: Plaza Passport

Payment Method: Cash    Credit    Check #

Amount Paid:

Date:

### SPOUSE INFORMATION

Name:

Date of Birth:

Phone:

Cell Phone:

Email:

### CHILD INFORMATION

Child's Name:

Date of Birth:

Email:

Child's Name:

Date of Birth:

Email:

Child's Name:

Date of Birth:

Email:

Child's Name:

Date of Birth:

Email:

### SIGNATURES

I agree to the aforementioned benefits described to me for the Plaza Passport membership that I have purchased. I agree to not abuse my membership or allow anyone else to use my membership card. The cost of membership is not refundable and cannot be exchanged or transferred.

Signature of applicant:

Date:

#### **FOR OFFICE USE ONLY**

DVD: received Y N \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Big Tickets Issued: Y N Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Wall Star: Y N attach wording on separate sheet

Membership Coordinator Signature: \_\_\_\_\_

Membership Card Sent: \_\_\_\_\_

Date: \_\_\_\_\_