

2026 MEMBERSHIP REGISTRATION

POOL HOURS

Weekdays

Hours: 12:00-7:00 p.m.
Breaks: 2:00-2:30 p.m. & 4:30-5:00 p.m.
Laps: During water exercise & 4:30-5:00 p.m.
Water Exercise: June: 7:00 a.m.; July & Aug: 7:30 a.m.
We will be open until 5:45 p.m. during evening swimming lessons.

Weekends

Hours: 1:00-6:00 p.m.
Breaks: 3:15-3:45 p.m.
Laps: During water exercise & 3:15-3:45 p.m.
Water Exercise: Weekend exercise schedule will be posted to Facebook weekly.

ADMISSION PRICING

	Resident	Non-Resident
Single Membership	\$70.00	\$95.00
Family Membership	\$120.00	\$165.00
Daily Pass (per person)	\$5.00	

Adult(s)/Guardian(s): _____

Name(s) of all swimmer(s) on membership: _____

Family memberships: List all immediate family members' names living in the same household that will be using the membership.

Family members living outside of the same household, such as grandchildren, cousins, aunts, uncles, etc. cannot be added to the membership. If you attempt to put these individuals on your membership, your membership will be revoked without a refund.

Address/City/State/Zip: _____

Home phone: _____ Cell phone: _____

Emergency contact & phone: _____

Resident Members are households whose primary permanent residence (live in) and pay property taxes to the City of Buffalo City, Town of Belvidere, Town of Milton, Village of Cochrane, City of Fountain City or Town of Waumandee. Non-residents are considered those who live in Alma, Bluffsiding (Town of Buffalo), etc. Indicate the township you live in below. You must provide proof of residency when you submit this form. A current property tax statement is preferred, and can be found at www.buffalocountywi.gov. Alternatively, a current utility bill or driver's license will suffice. Thank you to the municipalities and donors who have made contributions so that prices did not increase this year.

Township/Municipality

I am/we are a resident member and live in the following township:

Buffalo City | Belvidere | Milton | Cochrane | Fountain City | Waumandee

I am/we are a non-resident member and live in the following township:

Alma | Bluffsiding | Cross | Glencoe | Lincoln | Other: _____

Membership

Single Resident (\$70) | Single Non-Resident (\$95) | Family Resident (\$120) | Family Non-Resident (\$165)

I've enclosed my payment: Check Cash Amount Enclosed: \$_____

I'd like to be considered for financial assistance.

Registration forms, along with proof of residency, can be dropped off in our new locked drop box located at the Scenic Valley Swimming Pool, mailed to 221 South Main Street • Cochrane, WI 54622, or starting on May 30, forms can be dropped off in the pool office.



200 Eikamp Street • Cochrane, WI
(608) 248-2761
facebook.com/ScenicValleySwimmingPool
scenicvalleyswimmingpool@gmail.com

For office use only -

Staff initials: _____ Date: _____

Paid: Yes No