

Lake Wazee Annual Dive Pass Request Form

Name: _____

Address: _____

City/State: _____

Zip: _____ Phone #: _____

Email Address: _____

Drivers License #: _____

Vehicle Plate #: _____

Mail To:
Jackson County Parks
Wazee Pass C/O
W9790 Airport Rd.
Black River Falls, WI 54615

Cost is: \$75.00

Please make check payable to *Jackson County Parks*

Thank you! Have a great dive!