



TYPE OF PASS (PLEASE CHECK ONE):	PRICE	SUBTOTAL
<input type="checkbox"/> RESIDENT INDIVIDUAL SEASON PASS (Adult or Child)	\$86.50	\$ _____
<input type="checkbox"/> RESIDENT FAMILY SEASON PASS (Max. 5 family members)	\$205.50	\$ _____
<input type="checkbox"/> ADDITIONAL FAMILY PASS MEMBER (Limit 3 add'l members)	\$48 X _____ Add'l Members =	\$ _____
<input type="checkbox"/> 10 VISIT PASS	\$54	\$ _____
BALANCE DUE		\$ _____

APPLICANT/PASS HOLDER INFORMATION

APPLICANT NAME*: _____ **DATE:** _____
*RESPONSIBLE PARTY CONTACT NAME LAST FIRST

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____ **EMAIL:** _____

PASS HOLDER(S):

NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____
NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____
NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____
NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____
NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____

ADDITIONAL FAMILY MEMBER(S) (\$46.75 EACH ADD'L PERSON):

NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____
NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____
NAME: _____	ID REC'D: <input type="checkbox"/>	DATE: _____	BY: _____

CERTIFICATION

I certify that the above listed information is true and accurate. In the case of family passes and additional family members, by signing this document I certify that all listed individuals, including family members, reside at the above listed location. I further agree that should any of this information be determined as false, my pass and the passes of all of those listed on this document will be voided and I will not be eligible for a refund as a result. The undersigned further states that he/she, as the responsible party, has the authority to make this application for the applicant(s) and agrees that the applicant(s) will observe all rules and regulations of the Othello Community Pool. ***I certify that the above listed information is true and accurate and agree with the conditions and charges as established.***

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

FOR OFFICIAL USE ONLY

PAYMENT REC'D: \$ _____ BY: _____ DATE: _____ CASH CHECK # _____ RECEIPT #: _____

REFUND REQUESTED: YES NAME/ADDRESS: _____ CHECK # _____ DATE: _____ BY: _____

FORM IS COMPLETE AND SIGNED BY THE APPLICANT AND CITY PERSONNEL COPY OF RECEIPT STAPLED TO SEASON PASS APPLICATION.

COPY OF FORM AND RECEIPT GIVEN TO INDIVIDUAL MAKING REQUEST. FORM FILED ALPHABETICALLY BEHIND "COMPLETED PASS APPLICATIONS" TAB IN PASS BINDER.