



POOL PASS APPLICATION

Othello Community Pool • 1135 East Pine Street • Othello, WA 99344 • (509) 488-5686

TYPE OF PASS (PLEASE CHECK ONE):	PRICE	SUBTOTAL
<input type="checkbox"/> RESIDENT INDIVIDUAL SEASON PASS (Adult or Child)	\$76.50	\$ _____
<input type="checkbox"/> RESIDENT FAMILY SEASON PASS (Max. 5 family members)	\$226.70	\$ _____
<input type="checkbox"/> ADDITIONAL FAMILY PASS MEMBER (Limit 3 add'l members)	\$52.79 x _____ add'l members =	\$ _____
<input type="checkbox"/> 10 VISIT PASS	\$58.40	\$ _____
BALANCE DUE		\$ _____

APPLICANT/PASS HOLDER INFORMATION

APPLICANT NAME: _____ DATE: _____

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) (\$51.75 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: _____

FOR OFFICIAL USE ONLY					
PAYMENT REC'D: \$ _____	BY: _____	DATE: _____	CASH: <input type="checkbox"/>	CHECK #: _____	RECEIPT #: _____
REFUND REQUESTED: <input type="checkbox"/> YES	NAME/ADDRESS: _____		BY: _____	CHECK #: _____	DATE: _____
<input type="checkbox"/> FORM IS COMPLETED AND SIGNED BY THE APPLICANT AND CITY PERSONNEL			<input type="checkbox"/> COPY OF RECEIPT STAPLED TO SEASON PASS APPLICATION		
<input type="checkbox"/> COPY OF FORM AND RECEIPT GIVEN TO INDIVIDUAL MAKING REQUEST			<input type="checkbox"/> FORM FILED ALPHABETICALLY BEHIND "COMPLETED PASS APPLICATIONS"		