



400 N Mill St
 PO Box 229
 Colfax, WA 99111
 (509) 397-3861

POOL SEASON PASS APPLICATION

Type of Pass			
Please Select Pass Type			
<i>*No Cost for Children 4 years old and younger (must still include swimmer information, and must be accompanied by an adult)</i>			
<input type="checkbox"/> Individual-\$56		<input type="checkbox"/> Family-\$116	
<input type="checkbox"/> Additional Family Member-\$10		_____ (# of additional members)	Total: _____
Applicant/Pass Holder Information			
Applicant Name			
Address		City	State
Phone		Email	
Pass Holders			
Name	Tag #	Emergency Contact (Name, Phone #)	Medical Alert
Name	Tag #	Emergency Contact	Medical Alert
Name	Tag #	Emergency Contact	Medical Alert
Name	Tag #	Emergency Contact	Medical Alert
Name	Tag #	Emergency Contact	Medical Alert
Name	Tag #	Emergency Contact	Medical Alert

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 Colfax Community Pool. I certify that the above listed information is true and accurate and agree with the conditions and charges as established.

Signature of Applicant

Date

Issued by

Date