



WABASHA CITY POOL PASS APPLICATION

ALL INFORMATION IS REQUIRED -

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

Email Address: _____

Type of Pool Pass and Cost: ☐ Student Pass \$55.00 ☐ Adult Pass \$70.00 (includes water exercise)

☐ Grandparent Pass \$150.00 (includes grandparents, children, and grandchildren)

☐ Family Pass \$60.00 (with qualifying student) ☐ Family Pass \$110.00 (without qualifying student)

**FOR STUDENT, ADULT, GRANDPARENT, OR FAMILY PASS PLEASE LIST THE NAME & PHONE NUMBER
FOR ALL INDIVIDUALS ELIGIBLE FOR THE PASS BELOW**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

IN CASE OF EMERGENCY NOTIFY THE FOLLOWING INDIVIDUALS LISTED BELOW:

Name/Relationship/Phone Number: _____

Name/Relationship/Phone Number: _____

I hereby certify that the persons listed are actual members of my family and entitled to exercise the privileges under a pool pass. A family is defined as one or two adults and their unmarried dependents (natural, adopted, or foster children) who permanently reside at the address listed on this application. Children must be 18 years of age and under or their legal dependent. Children 3 years old and under are not required to have a pass, but they must be accompanied by a chaperone at least 12 years old. Proof of residency may be required to verify eligibility for a free pool pass.

Applicant Signature _____

Date _____

Office Use Only

Date Received: _____ Amount Collected \$ _____

Method of Payment: ☐ Cash ☐ Check ☐ Online Payment

Date Pass Issued to Applicant: _____

Form accepted by: _____

Print Employee Name

Date