



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

## POOL SEASON PASS APPLICATION

### Type of Pass

Please Select Pass Type

*\*No Cost for Children 4 years old and younger (must still include swimmer information, and must be accompanied by an adult)*

Family of four-**\$116**  Additional Family Member **(For Family Pass)-\$10** \_\_\_\_\_ (# of additional members)

Individual-**\$56**

Total: \_\_\_\_\_

### Applicant/Pass Holder Information

Applicant Name

Address	City	State	Zip
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Phone	Email
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### Pass Holders

Name	Tag #	Emergency Contact (Name, Phone #)	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