

City of Othello

Othello Community Pool • 1135 East Pine Street • Othello, WA 99344 • (509) 488-4313 / (509) 331-2757



Season Pass Application

TYPE OF PASS (PLEASE CHECK ONE):	PRICE	SUBTOTAL
<i>Resident: Anyone residing within the geographical boundaries of the Adams County Parks and Recreation District No. 1 (Othello School District boundary).</i>		
<i>Non-Resident: Anyone not residing within the geographical boundaries of the Adams County Parks and Recreation District No. 1 (Othello School District boundary).</i>		
<input type="checkbox"/> RESIDENT INDIVIDUAL SEASON PASS (Adult or Child)	\$70	\$ _____
<input type="checkbox"/> NON-RESIDENT INDIVIDUAL SEASON PASS (Adult or Child)	\$75	\$ _____
<input type="checkbox"/> RESIDENT FAMILY SEASON PASS (Max. 5 family members)	\$170	\$ _____
<input type="checkbox"/> NON-RESIDENT FAMILY SEASON PASS (Max. 5 family members)	\$185	\$ _____
<input type="checkbox"/> ADDITIONAL FAMILY PASS MEMBER (Limit 3 add'l members)	\$30 X _____ Add'l Members =	\$ _____
<input type="checkbox"/> 10 VISIT PASS	\$40	\$ _____
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) (\$30 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: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ RECEIPT #: _____
REFUND REQUESTED: <input type="checkbox"/> YES	NAME/ADDRESS: _____	CHECK # _____	DATE: _____ BY: _____
<input type="checkbox"/> FORM IS COMPLETE 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" TAB IN PASS BINDER.		

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