



City of Prosser
 601 7th Street, Prosser, WA 99350
 (509) 786-2332 * Fax: (509)786-3717

POOL PASS APPLICATION

Pictures Required for All Pool Passes

Pass Types	Resident Cost	Non-Resident Cost	Description
Individual	<input type="checkbox"/> \$85	<input type="checkbox"/> \$90	Youth - Ages 4 - 17
	<input type="checkbox"/> \$110	<input type="checkbox"/> \$115	Adult - Ages 18 - 54
	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75	Senior - Age 55 & Up
Family	<input type="checkbox"/> \$195	<input type="checkbox"/> \$205	Up to 5 Individuals
	<input type="checkbox"/> \$30 ea.	<input type="checkbox"/> \$35 ea.	Each Additional Family Member (Limit 3)
Swim Team	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	Required for ALL members of swim team. Purchasing swim team pass only allows Holder access to Aquatic Center only during swim team events.

Name _____ Phone # _____

Address _____

Emergency Contact _____ Phone # _____

# of Passes	First/Last Name of Pass Holder <i>(Please Print Clearly)</i>	Age	Do you have a pass card? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5 Discount <i>*(if applicable)</i>	Swim Team <input type="checkbox"/>	Total:	
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	-\$	<input type="checkbox"/>	\$	
*Discount applies to season pass holders only – NOT swim team pass holders.				Discount Total (maximum of \$25)	-\$	Sub-Total	\$
Grand Total:						\$	

Refund Policy

Refunds must be requested in writing five (5) business days before the activity begins. No refund will be allowed once the program begins. Refunds are assessed a \$10.00 processing fee per transaction. Refund checks are issued and mailed upon receipt of request and upon the approval of the City of Prosser City Council. Refunds will not be granted for any program cancelled due to inclement weather or circumstances beyond the City of Prosser's control. The City of Prosser will offer make up times on a case by case basis.

I understand that passes are intended only for the people named above. If passes are used by people other than the registered owners, passes will be revoked and no refunds will be given.

Signature _____ Print Name _____ Date _____

NOTE: This form is subject to public disclosure. This institution is an equal opportunity provider and employer.

OFFICE USE ONLY		
Receipt # _____	Date _____	Cashier Initials _____

Revised April 21, 2016