

**BOROUGH OF TYRONE - COMMUNITY SWIMMING POOL
APPLICATION FOR SEASON PASS**

Name: _____

Address: _____

Phone No. _____

Are you a resident of the Borough of Tyrone: _____ YES _____ NO

NOTE: Proof of residency required for all tickets issued.

If No, please indicate where you reside: _____

PLEASE CHECK APPROPRIATE BOXES:

Resident

Non-Resident

Family

Senior Citizens (62 & up)

Individual - Adult 18yrs & over

Child under 18yrs

Names(s) of:

Adults: _____

Children -
(Include Age) _____

Please provide contact information for pool personnel in the event of an emergency:

Name: _____ Phone No. _____

Address _____

Relationship to individual(s): _____

Name: _____ Phone No. _____

Address _____

Relationship to individual(s): _____

Signature

Date

Amount Paid \$ _____

Date: _____

Receipt # _____

White - Office Copy

Canary - Pool Copy

Pink - Customer Copy