

# CLIFTON CENTENNIAL COMMUNITY POOL

## NON-TRANSFERRABLE SEASON PASS – SUMMER 2026

Clifton Resident Single (\$85) \_\_\_\_\_

Clifton Resident Family (\$150) \_\_\_\_\_

Central School District Single (\$150) \_\_\_\_\_

Central School District Family (\$200) \_\_\_\_\_

Out of School District Single (\$200) \_\_\_\_\_

Out of School District Family (\$300) \_\_\_\_\_

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Phone #1** \_\_\_\_\_ **#2** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

Proof of residency and immediate family relationship required. Every season pass holder will be issued a photo ID and must present for pool entry.

**FIRST & LAST NAME**

**RELATIONSHIP**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*I have received, read, and agreed to the rules as listed regarding the use of the Clifton Centennial Community Pool. I understand that failure to adhere to these rules and regulations can result in the suspension or cancellation of my (our) season pass.*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

For pool use only: Method of payment: Cash \_\_\_\_ Check \_\_\_\_ Check # \_\_\_\_\_ (check payable to Clifton Pool)

Date received \_\_\_\_\_ Amount received \_\_\_\_\_