

CLIFTON CENTENNIAL COMMUNITY POOL

NON-TRANSFERRABLE SEASON PASS

Resident Single (\$85) _____

Resident Family (\$125) _____

Central School District Single (\$125) _____

Central School District Family (\$165) _____

Out of School District Single (\$185) _____

Out of School District Family (\$225) _____

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 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 _____