

CITY OF SCOTTSBLUFF
WESTMOOR SUMMER FAMILY PASS - \$125.00

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

This pass may only be used by parents and their dependent children living in the same household. A family pool pass may include a maximum of two adults and four children. Additional dependents may be added for a fee of \$10 per person. Proof of residence of dependents may be required. Grandparents or babysitter may be added for \$25.00 per person.

First names and date of birth of immediate family members included on this pass must be listed below in the spaces below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list additional dependents to be included on the pass for \$10.00 per person:

1. _____
2. _____
3. _____

Please list grandparents or babysitters to be included on the pass for \$25.00 per person:

1. _____
2. _____
3. _____

I, the undersigned hereby certify the above list of individuals as my dependents who are members of my immediate family residing in my household. I understand that any misuse of this season pass by an unauthorized person or misrepresenting my dependents shall automatically cancel the pass and the price shall be forfeited to the City of Scottsbluff. The Parks and Recreation Department may change pool hours due to weather, lack of attendance, or unforeseen circumstances, if deemed necessary by the staff.

Signature of Owner: _____ Date: _____

OFFICE USE: Amount Paid \$ _____

Check # _____

Credit Card

Staff Initials: _____

Cash

Receipt # _____