

**Town of Cheshire
Community Pool Pass Application Form**

Family Pool Pass

Household Information

Household Name: _____ Home Phone: _____
Street Address: _____ E-Mail: _____
City: _____ State: _____ Zip: _____

Pass Holders (ID will be required for both Primary and Secondary Adult)

Primary Adult

Name: _____ Birthdate: _____ Gender: M___ or F___
Cell Phone: _____ Work Phone: _____

Secondary Adult

Name: _____ Birthdate: _____ Gender: M___ or F___
Cell Phone: _____ Work Phone: _____

Child 1: _____ Birthdate: _____ Gender: M___ or F___

Child 2: _____ Birthdate: _____ Gender: M___ or F___

Child 3: _____ Birthdate: _____ Gender: M___ or F___

Child 4: _____ Birthdate: _____ Gender: M___ or F___

Additional Children (Note: \$10 fee per additional child applies to each family member under the age of 18, and/ or a full time college student up to the age of 25)

Child 5: _____ Birthdate: _____ Gender: M___ or F___

Child 6: _____ Birthdate: _____ Gender: M___ or F___

Important Medical Information _____

Emergency Contacts (other than individuals listed above)

Primary Contact

Name: _____ Relation: _____ City: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Contact

Name: _____ Relation: _____ City: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Office Use Only

Date Received: _____	<input type="checkbox"/> Cash	Annual: _____
Received By: _____	<input type="checkbox"/> Check No. _____	Seasonal: _____
Processed By: _____	<input type="checkbox"/> Credit	Business: _____
	Amount Paid: _____	